

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C C00506170 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) MA 06

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer BRIAN CRESTA  
Signature of Treasurer BRIAN CRESTA *[Electronically Filed]* Date M M / D D / Y Y Y Y

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**TISEI CONGRESSIONAL COMMITTEE**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	333293.22	1481452.64
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	15725.56
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	333293.22	1465727.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	486606.22	1128885.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	22726.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	486606.22	1106159.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	608021.77	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**TISEI CONGRESSIONAL COMMITTEE**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	221504.22	1075939.01
(ii) Unitemized.....	34039.00	149198.63
(iii) TOTAL of contributions from individuals ▶	255543.22	1225137.64
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	77750.00	251315.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	333293.22	1481452.64
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	7247.45	207346.17
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	22726.44
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	340540.67	1711525.25

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	486606.22	1128885.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	14975.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	750.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	15725.56
21. OTHER DISBURSEMENTS .....	0.00	6000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	486606.22	1150611.53

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	754087.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	340540.67
25. SUBTOTAL (add Line 23 and Line 24).....	1094627.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	486606.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	608021.77

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CHRIS ABELE**

Mailing Address 3319 NORTH LAKE DRIVE

City State Zip Code  
MILWAUKEE WI 53211

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

Name of Employer Occupation  
MILWAUKEE COUNTY COUNTY EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.11000**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MIRIAM ABELE**

Mailing Address 3319 NORTH LAKE DRIVE

City State Zip Code  
MILWAUKEE WI 53211

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

Name of Employer Occupation  
MILWAUKEE COUNTY EXECUTIVE OFFICE PUBLIC EMPLOYEE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.11002**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 104R HESPERUS AVE.

City State Zip Code  
GLOUCESTER MA 01930

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

Name of Employer Occupation  
ORA PRESIDENT, CHIEF EXECUTIVE OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : SA11AI.10783**

Amount of Each Receipt this Period  
2600.00

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

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

7800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**NANCY ACHIN AUDESSE**

Mailing Address 97 LARCH ROW

City WENHAM State MA Zip Code 01984

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.10951**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 135 COUNTRY CLUB ROAD

City MELROSE State MA Zip Code 02176

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.11785**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 805 SUMMER ST

City MANCHESTER State MA Zip Code 01944

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

Name of Employer THE REVOLUTION GROUP Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11457**

Amount of Each Receipt this Period  
 1000.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 1 WILLOWDALE DR

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer NORTHRUP ASSOCIATES Occupation REAL ESTATE BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11405**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**PETER ALOISI**

Mailing Address 1 WILLOWDALE DRIVE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer ALOISI AND ALOISI Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11404**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 21 PARISH RD

City GEORGETOWN State MA Zip Code 01833

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

Name of Employer MIDDLESEX SHERIFF'S OFFICE Occupation CORRECTIONS OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11303**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD AMIRAUT**

Mailing Address 94 MAPLE STREET

City MELROSE State MA Zip Code 02176

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

Name of Employer D&R GENERAL CONTRACTING, INC Occupation CONTRACTS ADMINISTRTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11737**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**BARBARA ANDERSON**

Mailing Address 143 VILLAGE ST

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer CITIZENS FOR LIMITED TAXATION Occupation POLITICAL ACTIVIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

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

**Transaction ID : SA11AI.10956**

Amount of Each Receipt this Period  
90.00

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

Mailing Address 143 VILLAGE ST

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer CITIZENS FOR LIMITED TAXATION Occupation POLITICAL ACTIVIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
340.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11208**

Amount of Each Receipt this Period  
100.00

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

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

440.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CLIFF ASNESS**

Mailing Address 750 THIRD AVENUE  
11TH FLOOR

City NEW YORK State NY Zip Code 10017

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

Name of Employer AQR CAPITAL MANAGEMENT Occupation PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : SA11AI.10469**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**LAUREL ASNESS**

Mailing Address 750 THIRD AVENUE 11TH FLOOR

City NEW YORK State NY Zip Code 10017

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

Name of Employer AQR CAPITAL Occupation ADMINISTRATION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : SA11AI.10470**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 299 SALEM ST

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer ANTHONY'S PIER 4 Occupation INC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.11520**

Amount of Each Receipt this Period  
 1000.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 139 VALLEY STREET

City BEVERLY State MA Zip Code 01915

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11A1.10765**

Amount of Each Receipt this Period  
2000.00

SEE REDESIGNATION BELOW

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

Mailing Address 139 VALLEY STREET

City BEVERLY State MA Zip Code 01915

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11A1.12027**

Amount of Each Receipt this Period  
-1400.00

SEE REDESIGNATION BELOW

**[MEMO ITEM]**

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

Mailing Address 139 VALLEY STREET

City BEVERLY State MA Zip Code 01915

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11A1.12028**

Amount of Each Receipt this Period  
1400.00

REDESIGNATED

**[MEMO ITEM]**

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. RAFIK ATTIA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 11 FULLER POND ROAD		<b>Transaction ID : SA11AI.11099</b>	
City MIDDLETON	State MA	Zip Code 01949	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer SELF (A.A.M.)	Occupation PHYSICIAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. MS. ELIZABETH G. BAKER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 865 CENTRAL AVE APT E204		<b>Transaction ID : SA11AI.11043</b>	
City NEEDHAM	State MA	Zip Code 02492-1372	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. ZUMA BANKS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address PO BOX 611111		<b>Transaction ID : SA11AI.11769</b>	
City ROSEMARY BEACH	State FL	Zip Code 32461	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 45.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 295.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	545.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DENNIS BARNETT**

Mailing Address 72 EAST ST

City State Zip Code  
IPSWICH MA 01938

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : SA11AI.10798**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD BARRY**

Mailing Address 44 WATERWAY

City State Zip Code  
MASHPEE MA 02649

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11342**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 15 FERNWAY

City State Zip Code  
LYNNFIELD MA 01940

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11233**

Amount of Each Receipt this Period  
1000.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **31 SETTLERS WAY**

City **SALEM** State **MA** Zip Code **01970**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : SA11AI.11193**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **1 CAROL ANN ROAD**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11AI.10877**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **4 DUNLAP RD**

City **BURLINGTON** State **MA** Zip Code **01803**

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

Name of Employer **CN WOOD CO INC** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11408**

Amount of Each Receipt this Period  
**500.00**

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTIAN A BERLE**

Mailing Address 6 SNOWS CT NW

City WASHINGTON State DC Zip Code 20037

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

Name of Employer FREEDOM TO WORK Occupation PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **875.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.11074**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTIAN A BERLE**

Mailing Address 6 SNOWS CT NW

City WASHINGTON State DC Zip Code 20037

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

Name of Employer FREEDOM TO WORK Occupation PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1125.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11887**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT BERMAN**

Mailing Address 40 CHESTNUT ST

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer AVON SUPPLY CO. Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11230**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN BERNARDI**

Mailing Address 250 GROVE ST.

City State Zip Code  
FRAMINGHAM MA 01701

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

Name of Employer Occupation  
JOHNSON COMPOUNDING PHARMACY PHARMECIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11333**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 36 CLARKE STREET

City State Zip Code  
LEXINGTON MA 02421

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11544**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**ANN R BLACKHAM**

Mailing Address 7 WAINWRIGHT ROAD  
UNIT 21

City State Zip Code  
WINCHESTER MA 01890

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11374**

Amount of Each Receipt this Period  
100.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**FREDERICK BLUME**

Mailing Address 3 GUSSETT RD

City WENHAM State MA Zip Code 01984

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

Name of Employer EXCEL VENTURE MANAGEMENT Occupation VENTURE CAPITAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2014

**Transaction ID : SA11A1.10540**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 12 WIRTHMORE LANE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
380.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11A1.11696**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 195 7 STAR ROAD

City GROVELAND State MA Zip Code 01834

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2014

**Transaction ID : SA11A1.11604**

Amount of Each Receipt this Period  
100.00

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

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

450.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**SHANNON L BRANDANO ESQ**

Mailing Address 65 CLINTON STREET

City MALDEN State MA Zip Code 02148

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

Name of Employer BRANDANO LAW Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11260**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**GERARD BRANDI**

Mailing Address 3 SPARHAWK DR.

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.10976**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 5 ALEXANDRA ST.

City PEABODY State MA Zip Code 01960

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
277.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11213**

Amount of Each Receipt this Period  
100.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CRAIG W BRODERICK**

Mailing Address 5 PERKINS ROAD

City GREENWICH State CT Zip Code 06830

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

Name of Employer GOLDMAN SACHS Occupation BANKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11856**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID E BUNKER**

Mailing Address 52 CANDLEWOOD DRIVE

City TOPSFIELD State MA Zip Code 01983

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

Name of Employer ESSEX FINANCIAL ADVISORS Occupation LLC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.11528**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 42 COUNTRY CLUB WAY

City IPSWICH State MA Zip Code 01938

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : SA11AI.11022**

Amount of Each Receipt this Period  
100.00

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

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

2800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 49 WEST EMERSON STREET

City MELROSE State MA Zip Code 02176

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

Name of Employer NORTHSHORE HOME SERVICES Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : SA11AI.10816**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

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

Mailing Address 49 WEST EMERSON STREET

City MELROSE State MA Zip Code 02176

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

Name of Employer NORTHSHORE HOME SERVICES Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 675.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11AI.11133**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

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

Mailing Address 44 RED ALDER CT

City DANVILLE State CA Zip Code 94506

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

Name of Employer WALKER & DUNLOP, LLC Occupation FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

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

**Transaction ID : SA11AI.10839**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

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

\_\_\_\_\_ 700.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT S BURR**

Mailing Address 900 CUMMINGS CENTER SUITE 301U

City State Zip Code  
BEVERLY MA 01915-6181

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

Name of Employer Occupation  
COLLEGE STREET PARTNERS PRESIDENT & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SA11AI.11035**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 15 HUBBARD PARK ROAD

City State Zip Code  
CAMBRIDGE MA 02138

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

Name of Employer Occupation  
ATHENAHEALTH CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11700**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**RONALD M CAMERON**

Mailing Address PO BOX 21440

City State Zip Code  
LITTLE ROCK AR 72221

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

Name of Employer Occupation  
MOUNTAINAIRE CORP. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SA11AI.11120**

Amount of Each Receipt this Period  
2600.00

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

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PHILIP CAPOLUPO**

Mailing Address 5 FATHERLAND DRIVE

City State Zip Code  
BYFIELD MA 01922

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

Name of Employer Occupation  
SPS NEW ENGLAND, INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11401**

Amount of Each Receipt this Period  
5000.00

SEE REATTRIBUTION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**MR. PHILIP CAPOLUPO**

Mailing Address 5 FATHERLAND DRIVE

City State Zip Code  
BYFIELD MA 01922

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

Name of Employer Occupation  
SPS NEW ENGLAND, INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11401.0**

Amount of Each Receipt this Period  
-2400.00

SEE REATTRIBUTION BELOW

**[MEMO ITEM]**

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

Mailing Address 5 FATHERLAND DRIVE

City State Zip Code  
BYFIELD MA 01922

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11401.1**

Amount of Each Receipt this Period  
2400.00

REATTRIBUTED

**[MEMO ITEM]**

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**WAYNE CAPOLUPO**

Mailing Address 170 BEACH RD  
UNIT 17

City SALISBURY State MA Zip Code 01952

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

Name of Employer SPS NEW ENGLAND, INC. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11403**

Amount of Each Receipt this Period  
5000.00

SEE REATTRIBUTION BELOW

**B.** Full Name (Last, First, Middle Initial)  
**WAYNE CAPOLUPO**

Mailing Address 170 BEACH RD  
UNIT 17

City SALISBURY State MA Zip Code 01952

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

Name of Employer SPS NEW ENGLAND, INC. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11403.0**

Amount of Each Receipt this Period  
-2400.00

SEE REATTRIBUTION BELOW

**[MEMO ITEM]**

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

Mailing Address 170 BEACH RD  
UNIT 17

City SALISBURY State MA Zip Code 01952

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11403.1**

Amount of Each Receipt this Period  
2400.00

REATTRIBUTED

**[MEMO ITEM]**

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 23 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**A. BRADFORD CARD**

Mailing Address 896 HELGA PLACE

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation  
CARD AND ASSOCIATES CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.11058**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. JUDYTH A. CASEY**

Mailing Address 21 HEYWOOD AVE

City State Zip Code  
MELROSE MA 02176

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11492**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 77B VALLEY STREET

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
MAC MANAGEMENT COMPANY PROPERTY MANAGER}

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : SA11AI.11024**

Amount of Each Receipt this Period  
1000.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**KAREN CHANDLER**

Mailing Address 30 TRUE ROAD

City SALISBURY State MA Zip Code 01952

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

Name of Employer SPS NEW ENGLAND, INC. Occupation TREASURER, CLERK AND HUMAN RESOUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11399**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**LINDA CHARPENTIER**

Mailing Address 4 ST JOSEPH LANE

City GLOUCESTER State MA Zip Code 01930

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

Name of Employer BOSTON SAND & GRAVEL CO Occupation DIRECTOR ENV & SAFETY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11AI.11173**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 51 TURKEY HILL ROAD

City WEST NEWBURY State MA Zip Code 01985

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11AI.11159**

Amount of Each Receipt this Period  
50.00

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

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

2150.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>PETER CLAY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2014
Mailing Address 14 ARBOR STREET		<b>Transaction ID : SA11AI.10512</b>
City WENHAM	State MA	Zip Code 01984
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 95.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 390.00	

Full Name (Last, First, Middle Initial) <b>ADRIANA COHEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2014
Mailing Address 38 RIPLEY HILL RD		<b>Transaction ID : SA11AI.11601</b>
City CONCORD	State MA	Zip Code 01742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer BOSTON HERALD	Occupation TALK SHOW HOST	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MRS. SUSAN COLE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 4501 DEERFIELD CIRCLE		<b>Transaction ID : SA11AI.11244</b>
City PEABODY	State MA	Zip Code 01960
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer NORTHRUP ASSOCIATEES	Occupation REALTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	845.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS COLE**

Mailing Address 4501 DEERFIELD CIRCLE

City Peabody State MA Zip Code 01960

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11243**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**STEPHEN COLELLA**

Mailing Address PO BOX 3216

City Wakefield State MA Zip Code 01880

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

Name of Employer SELF Occupation HOME MAINTENANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.10684**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 53 ZACHARY LN

City Reading State MA Zip Code 01867

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11862**

Amount of Each Receipt this Period  
500.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ANNE COLLINS**

Mailing Address **6 PATRIOT CIRCLE**

City **BEDFORD** State **MA** Zip Code **01730**

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

Name of Employer **BAYSHORE MANAGEMENT CONSULTANTS,** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11372**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **6 VELMA ROAD**

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

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

Name of Employer **EQUITY OFFICE PROPERTIES** Occupation **REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11320**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **63 BRIDGE ST.**

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

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

Name of Employer **CYBER360 SOLUTIONS** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11300**

Amount of Each Receipt this Period  
**200.00**

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

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

**1200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL CONWAY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 823 ANDOVER STREET		<b>Transaction ID : SA11AI.11734</b>	
City LOWELL	State MA	Zip Code 01852	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer CONWAY INSURANCE	Occupation INSURANCE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER COVINGTON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 126 COLES ISLAND ROAD		<b>Transaction ID : SA11AI.11516</b>	
City GLOUCESTER	State MA	Zip Code 01930	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer COVINGTON ASSOCIATES	Occupation BUSINESS OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4600.00		

Full Name (Last, First, Middle Initial) <b>C. SHEILA CRAFFEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 11 MAGNOLIA DR		<b>Transaction ID : SA11AI.11456</b>	
City LYNNFIELD	State MA	Zip Code 01940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 1717 S BOULDER AVE  
SUITE 400

City State Zip Code  
TULSA OK 74119

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

Name of Employer Occupation  
ALLIANCE RESOURCE PARTNERS-LP EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.10998**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER CRAWFORD**

Mailing Address 1300 N STREET NW #9

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation  
US HOUSE OF REPRESENTATIVES STAFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2014

**Transaction ID : SA11AI.10579**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 49 RUTLAND SQUARE

City State Zip Code  
BOSTON MA 02118

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

Name of Employer Occupation  
FUNDING RESOURCES INC FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SA11AI.10751**

Amount of Each Receipt this Period  
250.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN CRESTA**

Mailing Address 5 OGDEN LANE

City State Zip Code  
MIDDLETON MA 01949

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

Name of Employer Occupation  
SERCO, INC. VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11735**

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
**MIRIAM CRESTA**

Mailing Address 41 SYCAMORE ROAD

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11426**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 72 CLIFF ROAD

City State Zip Code  
WESTON MA 02493

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

Name of Employer Occupation  
WESTON PRESIDIO VENTURE CAPITAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.11780**

Amount of Each Receipt this Period  
2600.00

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>MATTHEW CUMMINGS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 11 LAKE STREET, UNIT 126		<b>Transaction ID : SA11AI.11868</b>
City WAKEFIELD	State MA	Zip Code 01880
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer TRAVIZON, INC	Occupation CFO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>DONALD CURIALE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 55 WALDINGFIELD RD		<b>Transaction ID : SA11AI.10764</b>
City IPSWICH	State MA	Zip Code 01938
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>CHRISTOPHER A CURLEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 10 LOWELL ST		<b>Transaction ID : SA11AI.11430</b>
City LYNNFIELD	State MA	Zip Code 01940
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer NEWMARK GRUBB KNIGHT FRANK	Occupation CORP REAL ESTATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ANTHONY F DADDINO**

Mailing Address 90 FIELD POINT CIRCLE

City GREENWICH State CT Zip Code 06830

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11826**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 24 PEQUOT ROAD

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer SELF Occupation ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.11077**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 16 BEAVER POND ROAD

City BEVERLY State MA Zip Code 01915

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.10975**

Amount of Each Receipt this Period  
100.00

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

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

1100.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 422 OCEAN AVE

City State Zip Code  
MARBLEHEAD MA 01945

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11424**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MARILLAC E DEMAKES**

Mailing Address 45 BLODGETT AVE

City State Zip Code  
SWAMPSCOTT MA 01907-1605

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SA11AI.10759**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**MARILLAC E DEMAKES**

Mailing Address 45 BLODGETT AVE

City State Zip Code  
SWAMPSCOTT MA 01907-1605

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SA11AI.10794**

Amount of Each Receipt this Period  
2600.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS L DEMAKES**

Mailing Address 45 BLODGETT AVE

City State Zip Code  
SWAMPSCOTT MA 01907-1605

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

Name of Employer Occupation  
DEMAKES ENTERPRISES MEAT PACKING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11Al.10758**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS L DEMAKES**

Mailing Address 45 BLODGETT AVE

City State Zip Code  
SWAMPSCOTT MA 01907-1605

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

Name of Employer Occupation  
DEMAKES ENTERPRISES MEAT PACKING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11Al.10793**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**M. JOSEPH DEMATTEO**

Mailing Address 80 WASHINGTON STREET

City State Zip Code  
NORWELL MA 02061

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

Name of Employer Occupation  
SELF - EMPLOYED REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11Al.10656**

Amount of Each Receipt this Period  
500.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 112 LILAH LANE

City READING State MA Zip Code 01867

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

Name of Employer STATE GARDEN INC. Occupation OPERATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : SA11AI.10521**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**PETER DEMPSEY**

Mailing Address 48 ENGLISH COMMONS

City TOPSFIELD State MA Zip Code 01983

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

Name of Employer LAHEY HOSPITAL Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.11017**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 18 ASPEN ROAD

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer SELF Occupation ESL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
345.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11909**

Amount of Each Receipt this Period  
45.00

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

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

545.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **83 BIRCH ST**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11Al.11498**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**DIANE DESANTIS**

Mailing Address **140 WINONA ST**

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

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

Name of Employer **N E ACCOUNTS RECEIVABLE MANAGEMEN** Occupation **BUSINESS OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

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

**Transaction ID : SA11Al.10878**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **651 LYNN FELLS PARKWAY**

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

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11Al.10779**

Amount of Each Receipt this Period  
**150.00**

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

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

**350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MIKE DIORIO**

Mailing Address 180 HOBART ST.

City DANVERS State MA Zip Code 01923

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

Name of Employer MADDY'S CAR WASH Occupation OWNER/OPERATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.11784**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3 LOBAO DR

City DANVERS State MA Zip Code 01923

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.11053**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 710 COLE RANCH ROAD

City ENCINITAS State CA Zip Code 92024

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

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

**Transaction ID : SA11AI.10979**

Amount of Each Receipt this Period  
100.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ARTHUR DOUGLAS**

Mailing Address 14 NORTH HILL DRIVE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer DOUGLAS INSURANCE AGENCY Occupation INSURANCE AGENT & ADVISER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.11073**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS DRINKWATER**

Mailing Address 13 OLD SALEM PATH

City MAGNOLIA State MA Zip Code 01930

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

Name of Employer GIANT GLASS Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11481**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 900 LYNNFIELD STREET  
UNIT 33

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11326**

Amount of Each Receipt this Period  
250.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 15 GROVE STREET

City State Zip Code  
BEVERLY MA 01915

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

Name of Employer Occupation  
NEW STAR FINANCIAL FINANCIAL SERVICES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

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

**Transaction ID : SA11AI.10891**

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 7 RIVERSIDE DRIVE

City State Zip Code  
MARBLEHEAD MA 01945

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

Name of Employer Occupation  
EMR DRYWALL CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.10908**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 41 MADISON AVENUE

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
GEI CONSULTANTS, INC. ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.11190**

Amount of Each Receipt this Period  
100.00

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

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

2350.00

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

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

FOR LINE NUMBER: PAGE 40 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 195 BRIDLE PATH

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer KEE 55 INC. Occupation EXECUTIVE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 26 / 2014**

**Transaction ID : SA11AI.10607**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 195 BRIDLE PATH

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer KEE 55 INC. Occupation EXECUTIVE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **840.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11740**

Amount of Each Receipt this Period  
**90.00**

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

Mailing Address 114 ACADEMY RD

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer NSEA Occupation PHYSICIAN

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11632**

Amount of Each Receipt this Period  
**500.00**

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

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

**840.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 194 SOUTH MAIN STREET

City MIDDLETON State MA Zip Code 01949

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

Name of Employer MK SERVICES CORP Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.11147**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 11 IROQUOIS ROAD

City DANVERS State MA Zip Code 01923

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : SA11AI.10524**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 300 MOUNTAIN VIEW DR.  
APT 213

City STONEHAM State MA Zip Code 02180

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.11036**

Amount of Each Receipt this Period  
50.00

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DONALD FLANAGAN**

Mailing Address 16 SHASTA DRIVE

City NORTH READING State MA Zip Code 01864

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

Name of Employer BRANDON ASSOCIATES Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11246**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 90 HARBOR AVE

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.11523**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5 BANCROFT WAY

City SOUTH HAMILTON State MA Zip Code 01982

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

Name of Employer AUDAX GROUP Occupation FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 01 / 2014

**Transaction ID : SA11AI.10507**

Amount of Each Receipt this Period  
50.00

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 43 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ANTHONY FRAGALA**

Mailing Address 1000 JOHNSON ST

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11AI.11046**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**ALLISON FRANTZ**

Mailing Address 123 MEADOW ROAD

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : SA11AI.11019**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address 123 MEADOW ROAD

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer HAEBLER CAPITAL Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : SA11AI.11021**

Amount of Each Receipt this Period  
**2600.00**

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

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

**5300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>GERALDINE FROST</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 900 LYNNFIELD ST. UNIT 15		<b>Transaction ID : SA11AI.11410</b>
City LYNNFIELD	State MA	Zip Code 01940
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>ROY FROST</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 4 CHESTNUT LANE		<b>Transaction ID : SA11AI.11033</b>
City BEDFORD	State MA	Zip Code 01730
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>FRANK GAGLIARDI</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 36 PILGRIM RD		<b>Transaction ID : SA11AI.11527</b>
City MELROSE	State MA	Zip Code 02176
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer LEAGUE SCHOOL OF GREATER BOSTON	Occupation EDUCATOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN GALANTE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 49 WESTON RD		<b>Transaction ID : SA11AI.10570</b>
City READING	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RALPH J GALANTE INSURANCE AGENCY INC	Occupation INSURANCE BROKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN GALANTE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 49 WESTON RD		<b>Transaction ID : SA11AI.11417</b>
City READING	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RALPH J GALANTE INSURANCE AGENCY INC	Occupation INSURANCE BROKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00	

Full Name (Last, First, Middle Initial) <b>C. MS. MARILYN L GALLARDO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3 BLUE RIDGE ROAD		<b>Transaction ID : SA11AI.11252</b>
City WESTFORD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer GROTON DUNSTABLE	Occupation ADMIN ASSISTANT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID GATELY**

Mailing Address **P O BOX 246**

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

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

Name of Employer **SHAWMUT CENTURY21** Occupation **REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11545**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **1 MEETINGHOUSE SQUARE**

City **MIDDLETON** State **MA** Zip Code **01949**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11334**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS A GIOIA**

Mailing Address **16 SUMMER AVENUE**

City **MALDEN** State **MA** Zip Code **02148**

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

Name of Employer **SELF** Occupation **RESTAURANT OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : SA11AI.10630**

Amount of Each Receipt this Period  
**500.00**

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

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

**1600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 336 BOYLSTON STREET  
UNIT 102

City State Zip Code  
NEWTON MA 02459

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : SA11A1.10550**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 169 COMMONWEALTH AVE.  
APT. 1

City State Zip Code  
BOSTON MA 02116

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

Name of Employer Occupation  
CORIANDER INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : SA11A1.11579**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 169 COMMONWEALTH AVE

City State Zip Code  
BOSTON MA 02116

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11A1.11553**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**HELENA P GORHAM**

Mailing Address 557 SUMMER STREET

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11368**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD GOTTSCHALK, JR.**

Mailing Address 7 NELSON WAY

City WILMINGTON State MA Zip Code 01887

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

Name of Employer GARRICK CONSTRUCTION, INC. Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.11189**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 425 SOUTH STREET  
APT. 1704

City HONOLULU State HI Zip Code 96813

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

Name of Employer HONOLULU AUTHORITY FOR RAPID TRANSI Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : SA11AI.11597**

Amount of Each Receipt this Period  
**500.00**

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

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

**850.00**



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

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

FOR LINE NUMBER: PAGE 49 OF 189  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JON B GRAY**

Mailing Address 23 COUNTY ROAD

City ESSEX State MA Zip Code 01929

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

Name of Employer J. BARRETT & CO. Occupation REAL ESTATE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.10769**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 435 MAIN STREET

City AMESBURY State MA Zip Code 01913

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

Name of Employer LATITUDE SPORTS CLUBS Occupation HEALTH

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11795**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 9 FAIRVIEW CIRCLE

City GROVELAND State MA Zip Code 01834

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11697**

Amount of Each Receipt this Period  
 100.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **2 WILLIAM ST**

City **BEDFORD** State **MA** Zip Code **01730**

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

Name of Employer **ORACLE** Occupation **ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11AI.11119**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ERIC J HALL**

Mailing Address **183 STATE STREET**

City **BOSTON** State **MA** Zip Code **02109**

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

Name of Employer **RA HALL & CO LLC** Occupation **CPA**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11AI.10661**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **183 STATE STREET**

City **BOSTON** State **MA** Zip Code **02109**

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

Name of Employer **RA HALL & CO LLC** Occupation **PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11AI.10662**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 12 WASHINGTON STREET

City LYNN State MA Zip Code 01904

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

Name of Employer J & S TRANSPORT CO., INC. Occupation MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11543**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**BRAD HAMLIN**

Mailing Address 17 SPRINGVALE ROAD

City READING State MA Zip Code 01867

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

Name of Employer TRIPLE POINT TECHNOLOGY, INC. Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11902**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 101 BUBIER ROAD

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.10903**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**HEATHER HAUGHEY**

Mailing Address 35 LANCASHIRE DR

City MANSFIELD State MA Zip Code 02048

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

Name of Employer CYBER 360 SOLUTIONS Occupation VP OF STAFFING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11412**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 281 HIGH ST

City NEWBURYPORT State MA Zip Code 01950

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
525.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11741**

Amount of Each Receipt this Period  
90.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL J HEFFERNAN**

Mailing Address 244 GROVE STREET

City WELLESLEY State MA Zip Code 02482

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11236**

Amount of Each Receipt this Period  
1000.00

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

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

1340.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 560 CONCORD AVE.

City Belmont State MA Zip Code 02478

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

Name of Employer BELMONT INSTRUMENT CORPORATION Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11AI.10566**

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
**MARIE HILL**

Mailing Address 10 OVERLOOK RIDGE DRIVE

City MALDEN State MA Zip Code 02148

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

Name of Employer NECO Occupation EXEC ASST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : SA11AI.11595**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. REED HILLMAN**

Mailing Address 49 BUSHNELL

City STURBRIDGE State MA Zip Code 01566

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

Name of Employer MOUNT WACHUSETT COMMUNITY COLLEGE Occupation PROFESSOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.10744**

Amount of Each Receipt this Period  
500.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTOPH HOFFMANN**

Mailing Address 66 BEARD WAY

City NEEDHAM State MA Zip Code 02492

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.11127**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 223 RUTLEDGE RD.

City BELMONT State MA Zip Code 02478

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

Name of Employer INSURANCE AGENT Occupation SELF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.11068**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES HOLDEN**

Mailing Address 15 WEST EMERSON STREET

City MELROSE State MA Zip Code 02176

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

Name of Employer SELF Occupation SMALL BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
557.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11276**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **27 HARVEST CIRCLE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11664**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH HUDSON**

Mailing Address **378 OCEAN AVENUE**

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

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

Name of Employer **LINCOLN CONSTRUCTION, INC.** Occupation **REAL ESTATE MGMT.**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 31 / 2014**

**Transaction ID : SA11AI.10525**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **17 SHASTA DRIVE**

City **NORTH READING** State **MA** Zip Code **01864**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11240**

Amount of Each Receipt this Period  
**500.00**

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

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

**1600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 18 MIDLAND ROAD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer HLJ ASSET MANAGEMENT Occupation PRINCIPAL/SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11AI.11129**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6 THWING RD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.10944**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 251 PARK ST

City NORTH READING State MA Zip Code 01864

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.10930**

Amount of Each Receipt this Period  
50.00

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

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

400.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 99 BELMONT STREET

City READING State MA Zip Code 01867

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3500.00

Date of Receipt: 09 / 08 / 2014

**Transaction ID : SA11AI.10799**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 99 BELMONT STREET

City READING State MA Zip Code 01867

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 4000.00

Date of Receipt: 09 / 30 / 2014

**Transaction ID : SA11AI.11802**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 24 NORTH SHORE AVE

City DANVERS State MA Zip Code 01923

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

Name of Employer: KANE'S FLOWER WORLD, INC. Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 05 / 2014

**Transaction ID : SA11AI.10665**

Amount of Each Receipt this Period: 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JERRY KATLIN**

Mailing Address **PO BOX 663**

City **OVERLAND PARK** State **KS** Zip Code **66201**

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

Name of Employer **EXCEL CONSTRUCTORS** Occupation **VP, CFO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 01 / 2014**

**Transaction ID : SA11AI.10493**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS J. KEEGAN**

Mailing Address **22 LAKEVIEW DR**

City **RIVERSIDE** State **CT** Zip Code **06878-1111**

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

Name of Employer **KARKIDEN LLC** Occupation **FINANCE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11AI.11064**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **118 MAIN ST**

City **TOPSFIELD** State **MA** Zip Code **01983**

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

Name of Employer **DUTTON FAMILY CARE ASSOCIATES LLP** Occupation **PHYSICIAN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11753**

Amount of Each Receipt this Period  
**100.00**

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

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

**3200.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 18 BEECHTREE CIRCLE

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
ACCENTURE CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11422**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JEANNE KLEENE**

Mailing Address 38 DEVEREUX ST

City State Zip Code  
MARBLEHEAD MA 01945

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

Name of Employer Occupation  
PREMIERE RACING INC MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11482**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 32 TOWNE LANE

City State Zip Code  
TOPSFIELD MA 01983

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

Name of Employer Occupation  
KMETZ MANAGEMENT CONSULTING LLC CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11701**

Amount of Each Receipt this Period  
105.00

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

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

705.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL KNAPIK**

Mailing Address **45 E. SILVER STREET**

City **WESTFIELD** State **MA** Zip Code **01085**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

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

**Transaction ID : SA11AI.10952**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID M KNOTT**

Mailing Address **232 CLEFT ROAD**

City **MILL NECK** State **NY** Zip Code **11765**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11858**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **1243 ANDOVER STREET**

City **TEWKSBURY** State **MA** Zip Code **01876**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11489**

Amount of Each Receipt this Period  
**250.00**

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

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

**3050.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN LEES**

Mailing Address 5 MILLBROOK CIRCLE

City EAST LONGMEADOW State MA Zip Code 01028

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

Name of Employer COMMONWEALTH OF MASSACHUSETTS Occupation STATE EMPLOYEE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

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

**Transaction ID : SA11AI.10953**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**KATHRYN LEHMAN**

Mailing Address 3106 RUSSELL RD

City ALEXANDRIA State VA Zip Code 22305

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

Name of Employer HOLLAND & KNIGHT Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11312**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3 KARL ROAD

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer MASSACHUSETTS PORT AUTHORITY Occupation POLICE OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11249**

Amount of Each Receipt this Period  
250.00

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID J LESLIE**

Mailing Address 1 DESMOULIN LANE

City State Zip Code  
MARBLEHEAD MA 01945

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

Name of Employer Occupation  
RACKEMANN, SAWYER & BREWSTER LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11AI.11007**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MARGERY LESLIE**

Mailing Address 1 DESMOULIN LANE

City State Zip Code  
MARBLEHEAD MA 01945

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2014

**Transaction ID : SA11AI.11603**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 53 GERALD ROAD

City State Zip Code  
MARBLEHEAD MA 01945

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

Name of Employer Occupation  
LINCOLN FINANCIAL GROUP SENIOR VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11614**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**LEORA LEVY**

Mailing Address 59 PECKSLAND ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1984.22

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.12036**

Amount of Each Receipt this Period  
 1984.22

IN-KIND: CATERING SERVICES

**B.** Full Name (Last, First, Middle Initial)  
**LEORA LEVY**

Mailing Address 59 PECKSLAND ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2484.22

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11804**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 59 PECKSLAND ROAD

City GREENWICH State CT Zip Code 06851

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

Name of Employer KAMBER MGT LLC Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11793**

Amount of Each Receipt this Period  
 500.00

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

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

2984.22

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 2701 LEWIS O'GRAY DRIVE

City SAUGUS State MA Zip Code 01906

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

Name of Employer CENTURY BANK Occupation SVP - RETAIL BANKING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11292**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MARTY LINSKY**

Mailing Address 333 CENTRAL PAK WEST #26

City NEW YORK State NY Zip Code 10025-7104

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

Name of Employer HARVARD UNIVERSITY Occupation TEACHER/CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11773**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 38 BROOKHOUSE DRIVE

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.10957**

Amount of Each Receipt this Period  
**50.00**

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

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

**500.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JOYCE LOFMARK**

Mailing Address **38 BROOKHOUSE DRIVE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11207**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL LUCY**

Mailing Address **10 WALLIS DRIVE**

City **WENHAM** State **MA** Zip Code **01984**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **385.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 31 / 2014**

**Transaction ID : SA11AI.10533**

Amount of Each Receipt this Period  
**45.00**

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

Mailing Address **10 WALLIS DRIVE**

City **WENHAM** State **MA** Zip Code **01984**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **485.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 24 / 2014**

**Transaction ID : SA11AI.11174**

Amount of Each Receipt this Period  
**100.00**

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

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

**245.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**R.J. LYMAN**

Mailing Address **852 HALE STREET**

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

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

Name of Employer **GENERAL COMPRESSION** Occupation **BUSINESS EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11570**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT E MAHONEY**

Mailing Address **16 PARTRIDGE BERRY PLACE**

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

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

Name of Employer **CITY OF PEABODY** Occupation **POLICE SST.**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11AI.10722**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **149 RANDOLPH AVENUE**

City **MILTON** State **MA** Zip Code **02186**

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

Name of Employer **CSP ASSOCIATES INC.** Occupation **SENIOR MANAGING DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11640**

Amount of Each Receipt this Period  
**2600.00**

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

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

**3150.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DR. JOSE MARCAL**

Mailing Address 10 PLYMOUTH ROAD

City State Zip Code  
LEXINGTON MA 02421

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11362**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**A. CARMEN MARCIANO**

Mailing Address 27 LAKESHORE AVE

City State Zip Code  
BEVERLY MA 01915

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

Name of Employer Occupation  
APPLEBY & WYMAN INSURANCE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SA11AI.11106**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 35 WASHINGTON AVE.

City State Zip Code  
WINTHROP MA 02152

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

Name of Employer Occupation  
PAUL W. PARKS PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SA11AI.10746**

Amount of Each Receipt this Period  
250.00

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

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **37 DEXTER STREET**

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

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

Name of Employer **MBTA** Occupation **ELECTRICAL ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11258**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**KATHLEEN MARTIN**

Mailing Address **7 WILDWOOD ROAD**

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

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

Name of Employer **SELF-EMPLOYED** Occupation **MARY KAY CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 28 / 2014**

**Transaction ID : SA11AI.10788**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **2 LOVETT ST**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 30 / 2014**

**Transaction ID : SA11AI.10571**

Amount of Each Receipt this Period  
**45.00**

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

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

**2845.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL MARTIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 2 LOVETT ST		<b>Transaction ID : SA11AI.11593</b>
City BEVERLY	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 290.00	

Full Name (Last, First, Middle Initial) <b>B. RICHARD MARTIN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 7 WILDWOOD ROAD		<b>Transaction ID : SA11AI.10588</b>
City DANVERS	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer COMSTAR, INC.	Occupation PRESIDENT & CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>C. CAROL MARVELLEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 11 BERRY CIRCLE		<b>Transaction ID : SA11AI.10830</b>
City SOUTH HAMILTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2900.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DESIREE MASALEHDAN**

Mailing Address 50 MONARCH PATH

City State Zip Code  
GROTON MA 01450

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

Name of Employer Occupation  
TRANS MED USA INSURANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 28 2014

**Transaction ID : SA11A1.10583**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**ELISABETH MASSEY**

Mailing Address 920 HIGHLAND STREET

City State Zip Code  
SOUTH HAMILTON MA 01982-1038

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

Name of Employer Occupation  
ALTA ROCK PARTNERS INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 08 2014

**Transaction ID : SA11A1.10801**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 920 HIGHLAND STREET

City State Zip Code  
SOUTH HAMILTON MA 01982-1038

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

Name of Employer Occupation  
ALTA ROCK PARTNERS INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 08 2014

**Transaction ID : SA11A1.10802**

Amount of Each Receipt this Period  
2600.00

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

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

7200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>MARK MASSEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address 920 HIGHLAND ST		<b>Transaction ID : SA11AI.10804</b>	
City SOUTH HAMILTON	State MA	Zip Code 01982	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer ALTAROCK PARTNERS LLC	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>MARK MASSEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address 920 HIGHLAND ST		<b>Transaction ID : SA11AI.10805</b>	
City SOUTH HAMILTON	State MA	Zip Code 01982	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2200.00	
Name of Employer ALTAROCK PARTNERS LLC	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4800.00		

Full Name (Last, First, Middle Initial) <b>RON MASTROGIOVANNI</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 60 COPPERMINE ROAD		<b>Transaction ID : SA11AI.11766</b>	
City TOPSFIELD	State MA	Zip Code 01983	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 90.00	
Name of Employer HEALTHVIEW SERVICES	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1090.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4890.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MATTHEW MATULE**

Mailing Address 60 MONUMENT AVENUE

City CHARLESTOWN State MA Zip Code 02129

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

Name of Employer SKADDEN, ARPS, SLATE, MEAGHER & FLOW Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11541**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID MAURIELLO**

Mailing Address 12 WINSHIP DRIVE

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2014

**Transaction ID : SA11AI.10528**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 12 WINSHIP DRIVE

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11AI.11169**

Amount of Each Receipt this Period  
100.00

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

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

450.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES MCCAULEY**

Mailing Address 32 LAWRENCE STREET

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

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

**Transaction ID : SA11AI.10949**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 82 ELM STREET

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
THE SAVINGS BANK PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.10464**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 82 ELM STREET

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
THE SAVINGS BANK PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11413**

Amount of Each Receipt this Period  
250.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 74 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CAROL MCDERMOTT**

Mailing Address 19 ELIZABETH LANE

City State Zip Code  
NEWBURYPORT MA 01950

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

Name of Employer Occupation  
STATE STREET SVP CORPORATE FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11AI.11009**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 174 QUEEN ST. - APT. 3-A

City State Zip Code  
FALMOUTH MA 02540

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11AI.10883**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MS. LINDA MCHUGH**

Mailing Address 136 CASTLEMERE PLACE

City State Zip Code  
NORTH ANDOVER MA 01845

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.10757**

Amount of Each Receipt this Period  
500.00

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

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ANDREWS MCLANE**

Mailing Address 77 DEAN RD.

City WESTON State MA Zip Code 02493

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

Name of Employer TA ASSOCIATES Occupation PRIVATE EQUITY INVESTMENTS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11860**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL MCLAUGHLIN**

Mailing Address 6 ROOSEVELT AVE

City PEABODY State MA Zip Code 01960

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11507**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1055 WASHINGTON BLVD

City STAMFORD State CT Zip Code 06901

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

Name of Employer SELF-EMPLOYED Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.10791**

Amount of Each Receipt this Period  
2600.00

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

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

5300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**LINDA MCMAHON**

Mailing Address 1055 WASHINGTON BLVD

City State Zip Code  
STAMFORD CT 06901

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

Name of Employer Occupation  
SELF-EMPLOYED EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SA11AI.10792**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 40 EMERSON STREET

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
MASSPORT FIREFIGHTER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SA11AI.10778**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER MEEK**

Mailing Address 1127 HIGH RIDGE ROAD, #124

City State Zip Code  
STAMFORD CT 06905

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

Name of Employer Occupation  
STATE STREET GLOBAL AFFAIRS VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11854**

Amount of Each Receipt this Period  
2600.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>BEVERLY MERRITT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 4 GLEN DRIVE		<b>Transaction ID : SA11AI.10970</b>
City LYNNFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MARIA MIARA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 145 LOWELL ST		<b>Transaction ID : SA11AI.11468</b>
City LYNNFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NORTHRUP ASSOCIATES	Occupation REALTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

Full Name (Last, First, Middle Initial) <b>PAUL MINIHADE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 181 LAKE ST.		<b>Transaction ID : SA11AI.11014</b>
City BRIGHTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer METRO REALTY CONSULTANTS	Occupation REAL ESTATE BROKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>PAUL MINIHA NE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 181 LAKE ST.		<b>Transaction ID : SA11AI.11762</b>
City BRIGHTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer METRO REALTY CONSULTANTS	Occupation REAL ESTATE BROKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 270.00	

Full Name (Last, First, Middle Initial) <b>LENNY MIRRA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 11 MIRRA WAY		<b>Transaction ID : SA11AI.11652</b>
City WEST NEWBURY	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer MIRRA CO INC.	Occupation PRINCIPAL	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>A. PETER MONACO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 311 MARLBOROUGH STREET		<b>Transaction ID : SA11AI.11620</b>
City BOSTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RAPTOR GROUP HOLDINGS	Occupation INVESTMENTS	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	645.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>WILLIAM V MONAGLE JR.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 1 LANTHORN LANE		<b>Transaction ID : SA11AI.11407</b>	
City BEVERLY	State MA	Zip Code 01915	Amount of Each Receipt this Period _____ _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer BOSE CORP	Occupation PURCHASING		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>GREGG MONASTIERO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 7 ASHLEY CT		<b>Transaction ID : SA11AI.11755</b>	
City LYNNFIELD	State MA	Zip Code 01940	Amount of Each Receipt this Period _____ _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer TCS	Occupation VP SALES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>JOHN MOORE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 78 WOODS AVE.		<b>Transaction ID : SA11AI.10657</b>	
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Receipt this Period _____ _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ _____ 2000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ _____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CAROLYN MOTTOLO**

Mailing Address 432 PARK ST

City NORTH READING State MA Zip Code 01864

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11459**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH MOTZKIN**

Mailing Address 15 N HILL DR.

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer EMPIRE RECYCLING (SELF) Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11291**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. HILDA MOYNIHAN**

Mailing Address 34 DONCASTER CIR.

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer TOWN OF LYNNFIELD Occupation SUBSTITUTE TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.10467**

Amount of Each Receipt this Period  
50.00

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

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

650.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. HILDA MOYNIHAN**

Mailing Address **34 DONCASTER CIR.**

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

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

Name of Employer **TOWN OF LYNNFIELD** Occupation **SUBSTITUTE TEACHER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : SA11A1.10560**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. HILDA MOYNIHAN**

Mailing Address **34 DONCASTER CIR.**

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

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

Name of Employer **TOWN OF LYNNFIELD** Occupation **SUBSTITUTE TEACHER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11A1.11418**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **6 CABOT STREET**

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

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

Name of Employer **COMMONWEALTH SURGICAL ASSOCIATES** Occupation **SURGEON**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1350.00**

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

**Transaction ID : SA11A1.10870**

Amount of Each Receipt this Period  
**100.00**

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

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

**300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 9 SAGAMORE RD

City: IPSWICH State: MA Zip Code: 01938

FEC ID number of contributing federal political committee: C

Name of Employer: AMESBURY PSYCHOLOGICAL CENTER, INC  
Occupation: LICENSED MENTAL HEALTH COUNSELOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 860.00

Date of Receipt: 08 / 25 / 2014

**Transaction ID : SA11AI.10615**

Amount of Each Receipt this Period: 160.00

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

Mailing Address 9 SAGAMORE RD

City: IPSWICH State: MA Zip Code: 01938

FEC ID number of contributing federal political committee: C

Name of Employer: AMESBURY PSYCHOLOGICAL CENTER, INC  
Occupation: LICENSED MENTAL HEALTH COUNSELOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1110.00

Date of Receipt: 09 / 25 / 2014

**Transaction ID : SA11AI.11161**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**KENNETH R. NIELSEN**

Mailing Address 1401 ESSEX VLG.

City: LYNNFIELD State: MA Zip Code: 01940

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED  
Occupation: INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 09 / 18 / 2014

**Transaction ID : SA11AI.11049**

Amount of Each Receipt this Period: 200.00

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

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

610.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CONSTANCE NOBLE**

Mailing Address 175 MONUMENT FARM ROAD

City Concord State MA Zip Code 01742

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11628**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE NOBLE**

Mailing Address 175 MONUMENT FARM ROAD

City Concord State MA Zip Code 01742

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

Name of Employer **NOBLE PARTNERS** Occupation **INVESTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11630**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 22 HUMPHREY STREET

City SWAMPSCOTT State MA Zip Code 01907

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
495.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : SA11AI.10593**

Amount of Each Receipt this Period  
95.00

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

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

5295.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 84 OF 189

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**LEILA NOVELETSKY**  
 Mailing Address 47 HARVARD ST. APT A404  
 City State Zip Code  
 CHARLESTOWN MA 02129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 28 2014  
**Transaction ID : SA11AI.11592**  
 Amount of Each Receipt this Period  
 1250.00  
 EXCESS TO BE REFUNDED

**B.** Full Name (Last, First, Middle Initial)  
**HARRY OGDEN**  
 Mailing Address 10 KETTLE WAY  
 City State Zip Code  
 DRACUT MA 01826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MORTGAGE FINANCIAL MANAGEMENT  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 30 2014  
**Transaction ID : SA11AI.11238**  
 Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT OKEEFE**  
 Mailing Address 122 PLEASANT STREET  
 City State Zip Code  
 WINCHENDON MA 01475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CITY OF GARDNER INFO TECH DIRECTOR  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 08 2014  
**Transaction ID : SA11AI.10854**  
 Amount of Each Receipt this Period  
 200.00

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. EDWARD OLIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 32 LANTERN LANE UNIT 8		<b>Transaction ID : SA11AI.11738</b>	
City DRACUT	State MA	Zip Code 01826	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RAYTHEON	Occupation MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. MR. PETER B ORTHWEIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 154 GUARDS ROAD		<b>Transaction ID : SA11AI.11871</b>	
City GREENWICH	State CT	Zip Code 06831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer THOR INDUSTRIES, INC.	Occupation EXECUTIVE CHAIRMAN		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>C. MS. SUSAN LEE PARKER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 24 PARKER RIDGE WAY		<b>Transaction ID : SA11AI.11521</b>	
City NESBURYPORT	State MA	Zip Code 01950	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 222.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3145.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MS. NANCY PENG**

Mailing Address P.O. BOX 80578  
4 OGRADY CIR

City State Zip Code  
STONEHAM MA 02180

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

Name of Employer Occupation  
SELF GEMOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.10904**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**ANTHONY PENTA**

Mailing Address 46 DOONAN ST

City State Zip Code  
MEDFORD MA 02155

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

Name of Employer Occupation  
METRO CATERING PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2014

**Transaction ID : SA11AI.10481**

Amount of Each Receipt this Period  
500.00

IN-KIND: CATERING SERVICES

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

Mailing Address 46 DOONAN ST

City State Zip Code  
MEDFORD MA 02155

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

Name of Employer Occupation  
METRO CATERING PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2014

**Transaction ID : SA11AI.10483**

Amount of Each Receipt this Period  
500.00

IN-KIND: CATERING SERVICES

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**H. BRADLEE PERRY**

Mailing Address 865 CENTRAL AVE  
APT K-109

City NEEDHAM State MA Zip Code 02492

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.10912**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MARGARET PHILBROOK**

Mailing Address PO BOX 24

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer NORTHRUP ASSOCIATES Occupation OFFICE ADMIN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 30 / 2014

**Transaction ID : SA11AI.10544**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1180 MAIN STREET

City WAKEFIELD State MA Zip Code 01880

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

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11331**

Amount of Each Receipt this Period  
2500.00

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>SUSAN POLANSKY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 3 MELODY LANE		<b>Transaction ID : SA11AI.10825</b>
City LYNNFIELD	State MA	Zip Code 01940
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>STEPHEN POMER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 387 MAIN STREET		<b>Transaction ID : SA11AI.10789</b>
City GROVELAND	State MA	Zip Code 01834
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer LIFE TECHNOLOGIES	Occupation BIO TECH ENGINEER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 220.00	

Full Name (Last, First, Middle Initial) <b>STEPHEN POMER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 387 MAIN STREET		<b>Transaction ID : SA11AI.11139</b>
City GROVELAND	State MA	Zip Code 01834
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5.00	
Name of Employer LIFE TECHNOLOGIES	Occupation BIO TECH ENGINEER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	530.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 89 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**GREGORY PORTER**

Mailing Address **PO BOX 22492**

City **KANSAS CITY** State **MO** Zip Code **64113**

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

Name of Employer **CATALYST** Occupation **CONSULTANT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11651**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**JACQUES PRINDIVILLE**

Mailing Address **1550 WORCESTER RD. - UNIT 508**

City **FRAMINGHAM** State **MA** Zip Code **01702**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

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

**Transaction ID : SA11AI.10915**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **1550 WORCESTER RD. - UNIT 508**

City **FRAMINGHAM** State **MA** Zip Code **01702**

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11835**

Amount of Each Receipt this Period  
**50.00**

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

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

**1100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL PRISCO**

Mailing Address 12 BISHOPS WAY

City NORTH READING State MA Zip Code 01864

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

Name of Employer CAPRI PRIVATE EQUITIES Occupation COMMERCIAL PROPERTY MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11229**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARY W PRUETT**

Mailing Address 69 WEST ST

City BEVERLY State MA Zip Code 01915-2227

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.10775**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 78 SCHOOL ST

City LEXINGTON State MA Zip Code 02421

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

Name of Employer PWC Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11634**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WALTER RAQUET**

Mailing Address 78 ZACCHEUS MEAD LANE

City GREENWICH State CT Zip Code 06831

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

Name of Employer WR PLATFORM ADVISORS Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11852**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**GALE RAWDING**

Mailing Address 9 REEDY ROAD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer NORTHRUP ASSOCIATES Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11367**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**TRACEY L RAZZABONI**

Mailing Address 18 VILLAGE ROAD

City PEPPERELL State MA Zip Code 01463

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11612**

Amount of Each Receipt this Period  
800.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WARREN A RAZZABONI SR**

Mailing Address 42 LOWELL ROAD

City State Zip Code  
PEPPERELL MA 01463

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11460**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE A RAZZABONI**

Mailing Address 18 VILLAGE ROAD

City State Zip Code  
PEPPERELL MA 01463

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

Name of Employer Occupation  
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11255**

Amount of Each Receipt this Period  
1500.00

SEE REATTRIBUTION BELOW

**C.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE A RAZZABONI**

Mailing Address 18 VILLAGE ROAD

City State Zip Code  
PEPPERELL MA 01463

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

Name of Employer Occupation  
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11255.0**

Amount of Each Receipt this Period  
-900.00

SEE REATTRIBUTION BELOW

**[MEMO ITEM]**

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**TRACEY L RAZZABONI**

Mailing Address 18 VILLAGE ROAD

City State Zip Code  
PEPPERELL MA 01463

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11255.1**

Amount of Each Receipt this Period  
900.00

REATTRIBUTED

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE A RAZZABONI**

Mailing Address 18 VILLAGE ROAD

City State Zip Code  
PEPPERELL MA 01463

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

Name of Employer Occupation  
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6900.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11613**

Amount of Each Receipt this Period  
800.00

SEE REATTRIBUTION BELOW

**C.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE A RAZZABONI**

Mailing Address 18 VILLAGE ROAD

City State Zip Code  
PEPPERELL MA 01463

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

Name of Employer Occupation  
NATIONAL COMPUTER DIRECT PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11613.0**

Amount of Each Receipt this Period  
-800.00

SEE REATTRIBUTION BELOW

**[MEMO ITEM]**

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**TRACEY L RAZZABONI**

Mailing Address 18 VILLAGE ROAD

City State Zip Code  
PEPPERELL MA 01463

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11613.1**

Amount of Each Receipt this Period  
800.00

REATTRIBUTED

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**DEBBY REGAN**

Mailing Address 344 SALEM ST

City State Zip Code  
LYNNFIELD MA 01940

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

Name of Employer Occupation  
MENINNO CONSTRUCTION OWER/OFFICE MGR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.11028**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1631 HOBART STREET NW

City State Zip Code  
WASHINGTON DC 20009

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

Name of Employer Occupation  
KOUNToupES DENHAM PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11226**

Amount of Each Receipt this Period  
250.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD ROMBOLI**

Mailing Address 31 GILBERT STREET

City MALDEN State MA Zip Code 02148

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

Name of Employer COMMONWEALTH OF MASSACHUSETTS Occupation COURT OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.11080**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**DAVID ROSENBERG**

Mailing Address 45 PHILLIPS BEACH AVE

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer PRIME MOTOR GROUP Occupation AUTO DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.11777**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address 45 PHILLIPS BEACH AVE

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer PRIME MOTOR GROUP Occupation AUTO DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.11776**

Amount of Each Receipt this Period  
**2600.00**

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

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

**5300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL SACK**

Mailing Address 5 SHASTA DR

City NORTH READING State MA Zip Code 01864

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

Name of Employer HALLMARK HEALTH SYSTEM Occupation HEALTH MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2014

**Transaction ID : SA11AI.10581**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**VICTOR SALDANHA**

Mailing Address 20 EDGEMERE RD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer CAMBRIDGE HEALTH ALLIANCE Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
345.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 30 / 2014

**Transaction ID : SA11AI.10541**

Amount of Each Receipt this Period  
45.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. FRED SANTANGELO**

Mailing Address 5 TOPHET RD.

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11204**

Amount of Each Receipt this Period  
100.00

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

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

395.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**RALPH SANTOSUOSSO**

Mailing Address 25 ANDREWS ROAD

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
AVED ELECTRONICS INC. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
290.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11AI.11010**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**RALPH SANTOSUOSSO**

Mailing Address 25 ANDREWS ROAD

City State Zip Code  
WAKEFIELD MA 01880

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

Name of Employer Occupation  
AVED ELECTRONICS INC. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
340.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.11029**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CLAUDIA SARNO**

Mailing Address 2 JOSEPHINE AVE

City State Zip Code  
BURLINGTON MA 01803

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11353**

Amount of Each Receipt this Period  
100.00

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>MARTIN SCAFIDI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 24 LEBLANC DR		<b>Transaction ID : SA11AI.11463</b>
City PEABODY	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer SELF	Occupation CPA	Election Cycle-to-Date 400.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>BRENDA SCHELZI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 3 SPEARFIELD LN.		<b>Transaction ID : SA11AI.11224</b>
City LYNNFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	Election Cycle-to-Date 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>LAWRENCE SCHELZI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 28 DURHAM DR		<b>Transaction ID : SA11AI.11328</b>
City LYNNFIELD	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	Election Cycle-to-Date 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **3 SPEARFIELDS**

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

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

Name of Employer **WAKEFIELD INVESTMENTS** Occupation **VP OF REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11222**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**R. SCHELZI**

Mailing Address **P.O. BOX 540**

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

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

Name of Employer **WAKEFIELD INVESTMENTS INC.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11AI.10698**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **164 OLD COUNTY RD.**

City **LANCASTER** State **MA** Zip Code **01523**

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

Name of Employer **PALL CORPORATION** Occupation **ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

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

**Transaction ID : SA11AI.10927**

Amount of Each Receipt this Period  
**50.00**

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

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

**1550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>MS. KATHY FOY SCHWEITZER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 05 / 2014
Mailing Address 53 MAPLE CROFT LN		<b>Transaction ID : SA11AI.10771</b>
City IPSWICH	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>KEVIN SEXTON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 20 EMERSON ST		<b>Transaction ID : SA11AI.11641</b>
City READING	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CENTURY 21 SEXTON & DONOHUE	Occupation REALTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>MR. ALAN SHACTMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2014
Mailing Address 93 VILLAGE POST ROAD		<b>Transaction ID : SA11AI.11084</b>
City DANVERS	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ALAN J. SHACTMAN	Occupation INSURANCE BROKER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD SHAPIRO**

Mailing Address **91 HATTWELL AVE**

City **LEXINGTON** State **MA** Zip Code **02421**

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

Name of Employer **MONUMENT MORTGAGE CO** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11874**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JANICE SHEEHAN**

Mailing Address **16 ORCHARD LANE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11416**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address **19 S 1ST ST  
APT B2507**

City **MINNEAPOLIS** State **MN** Zip Code **55401**

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

Name of Employer **ALAN SHILEPSKY CONSULTING INC** Occupation **DATABASE PROGRAMMER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**230.00**

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

**Transaction ID : SA11AI.10898**

Amount of Each Receipt this Period  
**50.00**

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

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

**2850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MARK J SIMEOLA**

Mailing Address 11 STEVENS RD.

City MELROSE State MA Zip Code 02176

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11241**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JOANN SIMONS DERR**

Mailing Address 60 SHEPARD AVE.

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11816**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 4 BOARDMAN AVE

City MANCHESTER BY THE SEA State MA Zip Code 01944

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

Name of Employer SELF Occupation VOLUNTEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.10761**

Amount of Each Receipt this Period  
500.00

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

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

1150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RONALD SKATES**

Mailing Address **4 BOARDMAN AVENUE**

City **MANCHESTER BY THE SEA** State **MA** Zip Code **01944**

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

Name of Employer **SELF-EMPLOYED** Occupation **PRIVATE INVESTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11AI.10763**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **4 CLARA COURT**

City **GROVELAND** State **MA** Zip Code **01834**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **205.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 28 / 2014**

**Transaction ID : SA11AI.10585**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address **4 CLARA COURT**

City **GROVELAND** State **MA** Zip Code **01834**

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **230.00**

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

**Transaction ID : SA11AI.10900**

Amount of Each Receipt this Period  
**25.00**

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

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

**535.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ALLEN SMITH**

Mailing Address **65 ALDERBROOK DRIVE**

City **TOPSFIELD** State **MA** Zip Code **01983**

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

Name of Employer **BRIGHAM AND WOMEN'S PHYSICIANS ORG/** Occupation **PHYSICIAN EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11678**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address **14 BROOK HILLS CRCLE**

City **WHITE PLAINS** State **NY** Zip Code **10605**

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

Name of Employer **LSTA** Occupation **ED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : SA11AI.10595**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **14 BROOK HILLS CIR**

City **WHITE PLAINS** State **NY** Zip Code **10605-5004**

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

Name of Employer **LSTA** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11878**

Amount of Each Receipt this Period  
**250.00**

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

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

**550.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**SCOTT SOLOBRINO**

Mailing Address 25 COUNTY RD

City ESSEX State MA Zip Code 01929

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : SA11AI.10796**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL SOUZA**

Mailing Address 200 FRIEND FARM RD

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer NEW ENGLAND LIFE CARE Occupation ADMINISTRATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.10978**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 118 MEADOWVIEW RD

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.11529**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 16 LITTLE POND ROAD

City MERRIMAC State MA Zip Code 01860

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

Name of Employer SPELLMAN TRAVEL PARTNERS Occupation PRESIDENT/OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : SA11AI.10553**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**RICK STARBARD**

Mailing Address 221 VERONA ST

City LYNN State MA Zip Code 01904

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

Name of Employer RICK'S AUTO COLLISION, INC Occupation BUS. OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11253**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN L STEENBRUGGEN**

Mailing Address 32 FAY STREET

City WILMINGTON State MA Zip Code 01887

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11248**

Amount of Each Receipt this Period  
750.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH STELLA**

Mailing Address 175 COUNTRY CLUB WAY

City State Zip Code  
IPSWICH MA 01938

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

Name of Employer Occupation  
SULLO, LLC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11692**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**JAY STEPHENS**

Mailing Address 48 AYRSHIRE LANE

City State Zip Code  
CONCORD MA 01742

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

Name of Employer Occupation  
RAYTHEON COMPANY ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11364**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN F STOCKMEYER**

Mailing Address 8350 HAWKS GULLY AVE

City State Zip Code  
DELRAY BEACH FL 33446

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11AI.10563**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JOANNE STPIERRE**

Mailing Address 29 NEWCOMB RD

City State Zip Code  
STONEHAM MA 02180

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

Name of Employer Occupation  
MASSPORT AUTHORITY BUDGET DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2014

**Transaction ID : SA11AI.11156**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**RITA SWEAT**

Mailing Address 91 SPOFFORD STREET

City State Zip Code  
GEORGETOWN MA 01833

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

Name of Employer Occupation  
PEABODY PUBLIC SCHOOLS TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2014

**Transaction ID : SA11AI.10604**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 91 SPOFFORD STREET

City State Zip Code  
GEORGETOWN MA 01833

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

Name of Employer Occupation  
PEABODY PUBLIC SCHOOLS TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2014

**Transaction ID : SA11AI.10730**

Amount of Each Receipt this Period  
2600.00

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

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

5300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**TIM SWIGOR**

Mailing Address 126 FRONT STREET

City State Zip Code  
MARBLEHEAD MA 01945

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

Name of Employer Occupation  
SELF SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11297**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. STANLEY H SZWARTZ**

Mailing Address 143 FEDERAL ST

City State Zip Code  
SALEM MA 01970

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

Name of Employer Occupation  
BROOKWOOD SCHOOL TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.10890**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 50 PRINCE ST

City State Zip Code  
DANVERS MA 01923

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

Name of Employer Occupation  
MERRIMACK VALLEY DISTRIBUTING CO PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11322**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>RALPH TEDESCO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO BOX 846		<b>Transaction ID : SA11AI.11798</b>
City WILMINGTON	State MA	Zip Code 01887
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>LORETTA TENAGLIA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 101 BROOKSBY VILLAGE DR APT 111		<b>Transaction ID : SA11AI.11875</b>
City PEABODY	State MA	Zip Code 01960
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) <b>DOUGLAS THAYER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 5 CASTLE CLARE CIRCLE		<b>Transaction ID : SA11AI.11346</b>
City WAKEFIELD	State MA	Zip Code 01880
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer THAYER & ASSOCIATES, INC	Occupation OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MS. RACHEL M THOMPSON**

Mailing Address **18 BAYVIEW AVE**

City **BEVERLY** State **MA** Zip Code **01915-4720**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11A1.10768**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS W THOMPSON**

Mailing Address **18 BAYVIEW AVE**

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

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

Name of Employer **TANNIN CORP** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11A1.10766**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **701 MAIN ST.**

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

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

Name of Employer **AMERICAN HOME INSPECTION** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11A1.10724**

Amount of Each Receipt this Period  
**1400.00**

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

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

**2400.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address 1 STONY BROOK RD

City NORTH CHELMSFORD State MA Zip Code 01863

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

Name of Employer SELF Occupation BUSINESS DEVELOPMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : SA11AI.11171**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD L TREMBOWICZ**

Mailing Address 6 MOREL CIR

City WAKEFIELD State MA Zip Code 01880-4235

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

Name of Employer MEDICAMETRIX, INC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11237**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1405 ESSEX VILLAGE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11370**

Amount of Each Receipt this Period  
50.00

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

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

2050.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALBERT TURCO**

Mailing Address 16 INDIAN LN

City State Zip Code  
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.11323**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS VANDERVORT**

Mailing Address 212 POWDERHOUSE BLVD

City State Zip Code  
SOMERVILLE MA 02144

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NEWFORMA PRODUCT MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10497**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. CARTER L VINSON**

Mailing Address 32 BEACH AVE

City State Zip Code  
SALEM MA 01970-5732

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ERNST & YOUNG LLP ATTORNEY/PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10773**

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAKE P VITTANDS**

Mailing Address 945 WASHINGTON STREET

City State Zip Code  
GLOUCESTER MA 01930

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

Name of Employer Occupation  
METCALF & EDDY, INC. ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.11506**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. HENRY R VOZZELLA**

Mailing Address 33 W RIDGE ROAD

City State Zip Code  
SHARON MA 02067

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.10659**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. BOX 11450

City State Zip Code  
JACKSON WY 83002

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 01 / 2014

**Transaction ID : SA11AI.10567**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN J WARCHOL**

Mailing Address 10 RICHARDSON AVE

City State Zip Code  
WAKEFIELD MA 01880

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NSTAR CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10518**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL WASCOM**

Mailing Address 1010 22ND STREET NW

City State Zip Code  
WASHINGTON DC 20037

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
AMERICAN AIRLINES MANAGING DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.11774**

Amount of Each Receipt this Period

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

Mailing Address 4 THOMAS CIRCLE

City State Zip Code  
MARBLEHEAD MA 01945

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
OPS RULES MANAGEMENT CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.10968**

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 189	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

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

Mailing Address **4 THOMAS CIRCLE**

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

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

Name of Employer **OPS RULES** Occupation **MANAGEMENT CONSULTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2014

**Transaction ID : SA11AI.11733**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ADAM WEINER**

Mailing Address **300 BOYLSTON STREET  
UNIT 502**

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

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

Name of Employer **WEINER VENTURES** Occupation **REAK ESTATE DEVELOPER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		26		2014

**Transaction ID : SA11AI.11192**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **900 LYNNFIELD ST #35**

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

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

Name of Employer **RENLOW ASSOCIATES** Occupation **MANAGEMENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2014

**Transaction ID : SA11AI.11339**

Amount of Each Receipt this Period  
**250.00**

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**LAWRENCE WEINER**

Mailing Address **21 HILL STREET**

City **MALDEN** State **MA** Zip Code **02148**

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

Name of Employer **RENEW ASSOCIATES** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11836**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. EDITH C. WENDT**

Mailing Address **26 CENTER VILLAGE**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

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

**Transaction ID : SA11AI.10926**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS. EDITH C. WENDT**

Mailing Address **26 CENTER VILLAGE**

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

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11AI.11501**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**450.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MS. CYNTHIA J WILLIAMS**

Mailing Address 200 WEST ST

City State Zip Code  
BEVERLY MA 01915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.10777**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID WILLIAMS**

Mailing Address 342 ESSEX STREET

City State Zip Code  
SALEM MA 01970

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WILLIAMS & ASSOCIATES POLITICAL CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : SA11AI.10462**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES WILLS**

Mailing Address 7 SMITH FARM TRAIL

City State Zip Code  
LYNNFIELD MA 01940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.10966**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**KATHERINE B WINTER**

Mailing Address 118 HUNTINGTON AVE.

City State Zip Code  
BOSTON MA 02116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SA11AI.11113**

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN WISHOSKI**

Mailing Address 575 FELLSWAY EAST

City State Zip Code  
MALDEN MA 02148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11272**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**NICHOLAS XENOS**

Mailing Address 12 WESTFORD STREET

City State Zip Code  
CHELMSFORD MA 01824

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.11549**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

775.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ROSEANNE ZEROLA**

Mailing Address **20 OLD COLONY DRIVE**

City **WAKEFIELD** State **MA** Zip Code **01880**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EMAR** Occupation **EDUCATION DIRECTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**257.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11Al.10701**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**100.00**

**221504.22**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE. NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11440**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN LAND TITLE ASSOCIATION TITLE INDUSTRY PAC (TIPAC)**

Mailing Address 1828 L ST NW  
SUITE 705

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11443**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)**

Mailing Address 440 FIRST STREET NW  
SUITE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11338**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**BOSTON SCIENTIFIC CORPORATION POLITICAL ACTION COMMITTEE ('BSC PAC')**

Mailing Address 300 BOSTON SCIENTIFIC WAY

City State Zip Code  
MARLBOROUGH MA 01752

FEC ID number of contributing federal political committee. **C** C00357863

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11436**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CONSUMER ELECTRONICS ASSOCIATION PAC**

Mailing Address 1919 SOUTH EADS STREET

City State Zip Code  
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C** C00375048

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : SA11C.10468**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**DEDICATED TO ESTABLISHING NATIONAL TEAMWORK PAC (DENT PAC)**

Mailing Address 610 S. BOULEVARD

City State Zip Code  
TAMPA FL 33606

FEC ID number of contributing federal political committee. **C** C00427930

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11899**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 189			
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address PO BOX 20503

City INDIANAPOLIS State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11445**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
GAY AND LESBIAN VICTORY FUND FEDERAL PAC

Mailing Address 1133 15TH STREET, NW SUITE 350

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00476978

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : SA11C.10996**

Amount of Each Receipt this Period  
 4000.00

**C.** Full Name (Last, First, Middle Initial)  
HALLIBURTON COMPANY PAC

Mailing Address 801 17TH ST NW 10TH FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00035691

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11901**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

**A.** Mailing Address 20 F STREET, NW SUITE 610

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11C.11066**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**INVEST IN A STRONG AND SECURE AMERICA - ISSA PAC**

**B.** Mailing Address PO BOX 3799

City VISTA State CA Zip Code 92085

FEC ID number of contributing federal political committee. **C** C00450320

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11C.10893**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**KELLY PAC**

**C.** Mailing Address 901 N WASHINGTON STREET SUITE 700

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00493411

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11895**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)

Mailing Address P.O. BOX 75000  
MC2250

City State Zip Code  
DETROIT MI 48275

FEC ID number of contributing federal political committee. **C** C00496307

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 30 2014

**Transaction ID : SA11C.11897**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. SOUTHERN MISSOURIAN IN THE HOUSE PAC**

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C** C00563726

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 30 2014

**Transaction ID : SA11C.11894**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**

Mailing Address 3601 VINCENNES ROAD  
PO BOX 68700

City State Zip Code  
INDIANAPOLIS IN 46268

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 30 2014

**Transaction ID : SA11C.11812**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE**

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11C.10781**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST**

Mailing Address 1201 F ST. NW  
SUITE 200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2014

**Transaction ID : SA11C.10914**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**PIONEER POLITICAL ACTION COMMITTEE**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11C.10782**

Amount of Each Receipt this Period  
 3000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

FEC ID number of contributing federal political committee. **C** C00386755

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11880**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**PROSPERITY ACTION INC.**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11815**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**PROTECT SENIORS NOW**

Mailing Address 12201 BLUEGRASS PARKWAY

City LOUISVILLE State KY Zip Code 40299

FEC ID number of contributing federal political committee. **C** C00513713

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11C.11115**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAIN STREET PAC**

Mailing Address 1220 L STREET NW  
SUITE 100-263

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11441**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAJORITY FOR CHOICE**

Mailing Address 1900 L STREET NW  
SUITE 614

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00346635

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2014

**Transaction ID : SA11C.10919**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
RETAIL INDUSTRY LEADERS ASSOCIATION POLITICAL ACTION COMMITTEE AKA RETAIL LEADERS PAC

Mailing Address 1700 N. MOORE STREET  
SUITE 2250

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00112763

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11447**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City State Zip Code  
JEFFERSON LA 70183

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11438**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**SUNTRUST PAC**

Mailing Address 919 E MAIN STREET

City State Zip Code  
RICHMOND VA 23219

FEC ID number of contributing federal political committee. **C** C00386524

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11873**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**TARGETCITIZENS POLITICAL FORUM**

Mailing Address 1000 NICOLLET MALL  
TPN 1101

City State Zip Code  
MINNEAPOLIS MN 55403

FEC ID number of contributing federal political committee. **C** C00098061

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11453**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**TEXTRON INC. POLITICAL ACTION COMMITTEE**

Mailing Address 40 WESTMINSTER STREET

City Providence State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11336**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)**

Mailing Address 409 12TH STREET, SW

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11C.11455**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1155 F STREET, NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : SA11C.10992**

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**THE JONES COMMITTEE**

Mailing Address **249 PARK STREET**

City **NORTH READING** State **MA** Zip Code **01864**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11C.11434**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address **700 13TH STREET NW, SUITE 350**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11C.11451**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS**

Mailing Address **1325 G STREET, N.W. SUITE 1000**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00109306**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : SA11C.11449**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3750.00**

**77750.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 189
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**EQUALITY LEADERSHIP FUND**

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City Athens State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00551408

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
194577.45

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA12.10455**

Amount of Each Receipt this Period  
5110.92

JFC TRANSFER: SEE MEMO ATTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FRITZ HITCHCOCK**

Mailing Address 9101 ALTA DR #1240

City LAS VEGAS State NV Zip Code 89145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HITCHCOCK AUTOMOBILE RESOURCES AUTO DEALER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : SA12.10455.0**

Amount of Each Receipt this Period  
2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**C'ANN MCMILLIN**

Mailing Address 15380 SLEEPY CREEK RD

City EL CAJON State CA Zip Code 92021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 06 / 2014

**Transaction ID : SA12.10455.1**

Amount of Each Receipt this Period  
2600.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5110.92

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 189
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>THEODORE B. OLSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 466 RIVER BEND RD		<b>Transaction ID : SA12.10455.2</b>	
City GREAT FALLS	State VA	Zip Code 22066	Amount of Each Receipt this Period _____ 400.00 JFC TRANSFER: EQUALITY LEADERSHIP FUND <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer GIBSON DUNN	Occupation PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 400.00		

Full Name (Last, First, Middle Initial) <b>ROBERT STEINER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2014	
Mailing Address 600 W BROADWAY SUITE 2600		<b>Transaction ID : SA12.10455.3</b>	
City SAN DIEGO	State CA	Zip Code 92101	Amount of Each Receipt this Period _____ 500.00 JFC TRANSFER: EQUALITY LEADERSHIP FUND <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer MCKENNA LONG	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>EQUALITY LEADERSHIP FUND</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 2470 DANIELLS BRIDGE RD STE 121		<b>Transaction ID : SA12.10456</b>	
City ATHENS	State GA	Zip Code 30606	Amount of Each Receipt this Period _____ 2136.53 JFC TRANSFER: SEE MEMO ATTRIBUTION
FEC ID number of contributing federal political committee.		_____ C C00551408 _____	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 196713.98		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2136.53
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 189
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**WADE C FOSTER**

Mailing Address 319 17TH PL NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer THE FERTILIZER INSTITUTE Occupation GOVERNMENT RELATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA12.10456.0**

Amount of Each Receipt this Period  
50.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**NEW MAJORITY CALIFORNIA FEDERAL PAC**

Mailing Address 2350 KERNER BLVD. , SUITE 250

City SAN RAFAEL State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C** C00387274

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : SA12.10456.1**

Amount of Each Receipt this Period  
2500.00

JFC TRANSFER: EQUALITY LEADERSHIP FUND

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

7247.45

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. 1-800-FLOWERS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address ONE OLD COUNTRY ROAD SUITE 500		Amount of Each Disbursement this Period 84.98
City CARLE PLACE	State NY Zip Code 11514	
Purpose of Disbursement AMEX 9/23 PAYMENT: FLORAL EXPENSE		Transaction ID : SB17.12019
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 3377.96
City NEW YORK	State NY Zip Code 10285	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Transaction ID : SB17.10354
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 2686.54
City NEW YORK	State NY Zip Code 10285	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Transaction ID : SB17.10408
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6064.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 35.00
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement AMEX 9/23 PAYMENT: BANK FEES	Transaction ID : SB17.12010 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 200 VESEY STREET		Amount of Each Disbursement this Period 100.98
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement AMEX 9/23 PAYMENT: BANK FEES	Transaction ID : SB17.12023 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS - MERCHANT SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address WORLD FINANCIAL CENTER 200 VESEY ST.		Amount of Each Disbursement this Period 87.15
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.10356
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	87.15
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 9/5 PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.11964</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 9/5 PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.11965</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 9/5 PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.11966</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 9/23 PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name		Transaction ID : SB17.12011 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 26.56
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMEX 9/23 PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name		Transaction ID : SB17.12012 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ATLANTIS OCEANFRONT INN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 125 ATLANTIC RD		Amount of Each Disbursement this Period 290.42
City GLOUCESTER State MA Zip Code 01930	Purpose of Disbursement AMEX 9/23 PAYMENT: TRAVEL: LODGING	
Candidate Name		Transaction ID : SB17.12001 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 139 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ATLANTIS OCEANFRONT INN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 125 ATLANTIC RD		Amount of Each Disbursement this Period 15.13
City GLOUCESTER	State MA	
Zip Code 01930	Purpose of Disbursement AMEX 9/23 PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.12006 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AUGUSTA MARKET</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 599 BOSTON RD		Amount of Each Disbursement this Period 69.02
City BILLERICA	State MA	
Zip Code 01821	Purpose of Disbursement AMEX 9/23 PAYMENT: FACILITY RENTAL/CATERING SERVICES	Transaction ID : SB17.11992 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 25.10
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.10350
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.15 <b>Transaction ID : SB17.10351</b>
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AUTHORIZE.NET</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 69.12 <b>Transaction ID : SB17.10352</b>
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BEST BUY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 230 INDEPENDENCE WAY		Amount of Each Disbursement this Period 69.04 <b>Transaction ID : SB17.11952</b> <b>[MEMO ITEM]</b>
City DANVERS	State MA	
Zip Code 01923	Purpose of Disbursement AMEX 9/5 PAYMENT: OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	104.27
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 189			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. BEST BUY**

Mailing Address 230 INDEPENDENCE WAY

City DANVERS State MA Zip Code 01923

Purpose of Disbursement  
AMEX 9/23 PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 23 / 2014

Amount of Each Disbursement this Period  
74.36

Transaction ID : SB17.12004

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. BLUE CROSS BLUE SHIELD**

Mailing Address 401 PARK DR #14

City BOSTON State MA Zip Code 02215

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 02 / 2014

Amount of Each Disbursement this Period  
741.44

Transaction ID : SB17.10336

Full Name (Last, First, Middle Initial)  
**C. BOSTON COACH**

Mailing Address 69 NORMAN STREET

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
AMEX 9/5 PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 05 / 2014

Amount of Each Disbursement this Period  
226.35

Transaction ID : SB17.11971

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 741.44

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BOSTON COACH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 69 NORMAN STREET		Amount of Each Disbursement this Period 226.35
City EVERETT	State MA	
Zip Code 02149	Purpose of Disbursement AMEX 9/5 PAYMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.11972
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BOSTON COMMON GARAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 0 CHARLES ST		Amount of Each Disbursement this Period 18.00
City BOSTON	State MA	
Zip Code 02116	Purpose of Disbursement AMEX 9/5 PAYMENT: PARKING SERVICES	Transaction ID : SB17.11974
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ERIN CALVO-BACCI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 1750.00
City READING	State MA	
Zip Code 01867	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.10325
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ERIN CALVO-BACCI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.10394</b>
City READING State MA Zip Code 01867	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ERIN CALVO-BACCI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 494 MAIN STREET FLOOR 2		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.10415</b>
City READING State MA Zip Code 01867	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ANDREA CRUPI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 450 BROOKSIDE DRIVE, UNIT E		Amount of Each Disbursement this Period 6200.00 <b>Transaction ID : SB17.10423</b>
City ANDOVER State MA Zip Code 01810	Purpose of Disbursement FIELD CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CVS PHARMACY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 220 MAPLE STREET		Amount of Each Disbursement this Period 38.95
City MIDDLETON	State MA	
Zip Code 01949	Purpose of Disbursement AMEX 9/23 PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.12013 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CVS PHARMACY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 220 MAPLE STREET		Amount of Each Disbursement this Period 29.75
City MIDDLETON	State MA	
Zip Code 01949	Purpose of Disbursement AMEX 9/23 PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.12022 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DOLLAR TREE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 230 INDEPENDENCE WAY		Amount of Each Disbursement this Period 50.63
City DANVERS	State MA	
Zip Code 01923	Purpose of Disbursement AMEX 9/5 PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.11956 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 189			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DUNKIN DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 3 CENTRAL STREET		Amount of Each Disbursement this Period 9.37
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 9/23 PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.11988
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DUNKIN DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 3 CENTRAL STREET		Amount of Each Disbursement this Period 28.71
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 9/23 PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.11996
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EPAY BUSINESS SOLUTIONS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 705.75
City AUBURN	State MA	
Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAXES	Transaction ID : SB17.10328
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	705.75
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. EPAY BUSINESS SOLUTIONS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1112.76
City AUBURN State MA Zip Code 01501	Transaction ID : SB17.10385	
Purpose of Disbursement PAYROLL SERVICES/TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EPAY BUSINESS SOLUTIONS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 27A MIDSTATE DRIVE STE 218		Amount of Each Disbursement this Period 1112.71
City AUBURN State MA Zip Code 01501	Transaction ID : SB17.10424	
Purpose of Disbursement PAYROLL SERVICES/TAXES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EXXON MOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 8 BROADWAY		Amount of Each Disbursement this Period 18.70
City LYNNFIELD State MA Zip Code 01940	Transaction ID : SB17.12008	
Purpose of Disbursement AMEX 9/23 PAYMENT: TRAVEL: FUEL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2225.47
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. EXXON MOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 8 BROADWAY		Amount of Each Disbursement this Period 31.75
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement AMEX 9/23 PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.12009
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EZ DISPOSAL SERVICE INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 20 RAILROAD STREET		Amount of Each Disbursement this Period 255.00
City REVERE	State MA	
Zip Code 02151	Purpose of Disbursement CLEANING SERVICES	Transaction ID : SB17.10375
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAUL FARRENKOPF</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Transaction ID : SB17.10329
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2005.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PAUL FARRENKOPF</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 258.00 <b>Transaction ID : SB17.10378</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement MILEAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PAUL FARRENKOPF</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.10386</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PAUL FARRENKOPF</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.10425</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3758.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GATEWAY REALTY TRUST</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 239 WESTERN AVE		Amount of Each Disbursement this Period 2300.00
City ESSEX State MA Zip Code 01929	Purpose of Disbursement RENT	
Candidate Name	Category/Type	Transaction ID : SB17.10337
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. GIOVANNI'S HOUSE OF PIZZA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 525 LOWELL ST		Amount of Each Disbursement this Period 18.45
City PEABODY State MA Zip Code 01960	Purpose of Disbursement AMEX 9/5 PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.11979 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 97.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 9/5 PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.11953 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 189			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 3,000.00 Transaction ID : SB17.11986
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 9/23 PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 1600 AMPHITHEATER PARKWAY		Amount of Each Disbursement this Period 9.99 Transaction ID : SB17.11997
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMEX 9/23 PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RYAN GOUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.10330
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. RYAN GOUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.10387</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. RYAN GOUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.10426</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GRIDIRON COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 3903 PORTAGE ROAD SUITE C #262		Amount of Each Disbursement this Period 2995.00 <b>Transaction ID : SB17.10376</b>
City SOUTH BEND	State IN	
Zip Code 46628	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12995.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 152 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GRIDIRON COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 3903 PORTAGE ROAD SUITE C #262		Amount of Each Disbursement this Period 22855.32
City SOUTH BEND State IN Zip Code 46628	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.10395
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HANNAFORD</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 357 BROADWAY		Amount of Each Disbursement this Period 17.20
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 9/5 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.11944 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HANNAFORD</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 357 BROADWAY		Amount of Each Disbursement this Period 25.00
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 9/5 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.11945 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22855.32
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 189			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. HANNAFORD</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 357 BROADWAY		Amount of Each Disbursement this Period 19.27
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 9/23 PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.11993 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HANNAFORD</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 357 BROADWAY		Amount of Each Disbursement this Period 30.77
City SAUGUS State MA Zip Code 01906	Purpose of Disbursement AMEX 9/23 PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.11994 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HARPER POLLING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 121 STATE STREET		Amount of Each Disbursement this Period 2038.00
City HARRISBURG State PA Zip Code 17101	Purpose of Disbursement POLLING	
Candidate Name	Category/Type	Transaction ID : SB17.10339
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2038.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 154 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. HARPER POLLING, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014	
Mailing Address 121 STATE STREET			Amount of Each Disbursement this Period 4918.00	
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : SB17.10396	
Purpose of Disbursement POLLING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. HESS EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 545 LOWELL ST			Amount of Each Disbursement this Period 202.98	
City PEABODY	State MA	Zip Code 01960	Transaction ID : SB17.11943	
Purpose of Disbursement AMEX 9/5 PAYMENT: TRAVEL: FUEL		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. HESS EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 545 LOWELL ST			Amount of Each Disbursement this Period 200.00	
City PEABODY	State MA	Zip Code 01960	Transaction ID : SB17.11968	
Purpose of Disbursement AMEX 9/5 PAYMENT: TRAVEL: FUEL		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4918.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 155 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. HYATT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 400 NEW JERSEY AVE NW		Amount of Each Disbursement this Period 386.67
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement AMEX 9/5 PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.11976
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ASHLEY KORB</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Transaction ID : SB17.10331
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ASHLEY KORB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 127.47
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTIRES	Transaction ID : SB17.10372
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3627.47
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 156 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. STAPLES**

Mailing Address 301 NEWBURY STREET

City DANVERS State MA Zip Code 01923

Purpose of Disbursement  
KORB REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 04 / 2014

Amount of Each Disbursement this Period  
36.11

Transaction ID : SB17.10372.0

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. HANNAFORD**

Mailing Address 357 BROADWAY

City SAUGUS State MA Zip Code 01906

Purpose of Disbursement  
KORB REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 25 / 2014

Amount of Each Disbursement this Period  
36.78

Transaction ID : SB17.10372.1

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. DUNKIN DONUTS**

Mailing Address 3 CENTRAL STREET

City PEABODY State MA Zip Code 01960

Purpose of Disbursement  
KORB REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 25 / 2014

Amount of Each Disbursement this Period  
23.98

Transaction ID : SB17.10372.2

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 189			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CVS PHARMACY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 220 MAPLE STREET		Amount of Each Disbursement this Period 5.60
City MIDDLETON	State MA	
Zip Code 01949	Purpose of Disbursement KORB REIMBURSEMENT: OFFICE SUPPLIES	Transaction ID : SB17.10372.3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HAYMARKET GARAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 136 BLACKSTONE ST		Amount of Each Disbursement this Period 25.00
City BOSTON	State MA	
Zip Code 02109	Purpose of Disbursement KORB REIMBURSEMENT: PARKING SERVICES	Transaction ID : SB17.10372.4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ASHLEY KORB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Transaction ID : SB17.10388
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 158 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ASHLEY KORB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.10427</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. LEORA LEVY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 59 PECKSLAND ROAD		Amount of Each Disbursement this Period 1984.22 <b>Transaction ID : SB17.12037</b>
City GREENWICH	State CT	
Zip Code 06831	Purpose of Disbursement IN-KIND: CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. LIFE ALIVE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 281 ESSEX ST		Amount of Each Disbursement this Period 39.18 <b>Transaction ID : SB17.12021</b> <b>[MEMO ITEM]</b>
City SALEM	State MA	
Zip Code 01970	Purpose of Disbursement AMEX 9/23 PAYMENT: MEETING EXPENSE: MEAL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5484.22
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 189			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. METRO CATERING**

Mailing Address PO BOX 146800

City BOSTON State MA Zip Code 02114

Purpose of Disbursement CATERING SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 02 / 2014

Amount of Each Disbursement this Period: 4635.00

Transaction ID : SB17.10341

Full Name (Last, First, Middle Initial)  
**B. NATIONAL GRID**

Mailing Address PO BOX 11735

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement RENT & UTILITIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 05 / 2014

Amount of Each Disbursement this Period: 98.90

Transaction ID : SB17.10358

Full Name (Last, First, Middle Initial)  
**C. CHELSEY NEUHAUS**

Mailing Address 26 MAIN ST

City LYNNFIELD State MA Zip Code 01940

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 29 / 2014

Amount of Each Disbursement this Period: 1750.00

Transaction ID : SB17.10332

**SUBTOTAL** of Disbursements This Page (optional) ..... 6483.90

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CHELSEY NEUHAUS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 176.64 <b>Transaction ID : SB17.10357</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTIRES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SANTARPIO'S PIZZA</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 71 NEWBURY ST		Amount of Each Disbursement this Period 73.45 <b>Transaction ID : SB17.10357.0</b> <b>[MEMO ITEM]</b>
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement NEUHAUS REIMBURSEMENT: TRAVEL: FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2014
Mailing Address 301 NEWBURY STREET		Amount of Each Disbursement this Period 36.11 <b>Transaction ID : SB17.10357.1</b> <b>[MEMO ITEM]</b>
City DANVERS	State MA	
Zip Code 01923	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	176.64
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 161 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 55 BROOKSBY VILLAGE WAY		Amount of Each Disbursement this Period 165.97
City DANVERS State MA Zip Code 01923	Purpose of Disbursement NEUHAUS REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.10357.2 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CHELSEY NEUHAUS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 165.97
City LYNNFIELD State MA Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTIRES	
Candidate Name	Category/Type	Transaction ID : SB17.10373
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. TAVERN IN THE SQUARE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 189 WASHINGTON STREET		Amount of Each Disbursement this Period 165.97
City SALEM State MA Zip Code 01970	Purpose of Disbursement NEUHAUS REIMBURSEMENT: CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.10373.0 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	165.97
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 162 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CHELSEY NEUHAUS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.10389</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. CHELSEY NEUHAUS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.10428</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. NORTH OF BOSTON MEDIA GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 100 TURNPIKE STREET		Amount of Each Disbursement this Period 14.99 <b>Transaction ID : SB17.11960</b> <b>[MEMO ITEM]</b>
City NORTH ANDOVER	State MA	
Zip Code 01845	Purpose of Disbursement AMEX 9/5 PAYMENT: PRINT ADVERTISING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 163 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NORTH OF BOSTON MEDIA GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 100 TURNPIKE STREET		Amount of Each Disbursement this Period 14.99
City NORTH ANDOVER State MA Zip Code 01845	Purpose of Disbursement AMEX 9/23 PAYMENT: PRINT ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.11985 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PANERA BREAD</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 228 MAIN STREET		Amount of Each Disbursement this Period 460.03
City WILMINGTON State MA Zip Code 01887	Purpose of Disbursement AMEX 9/23 PAYMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.12016 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PEABODY MUNICIPAL LIGHT PLANT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 201 WARREN STREET EXT		Amount of Each Disbursement this Period 130.34
City PEABODY State MA Zip Code 01960	Purpose of Disbursement RENT & UTILITIES	
Candidate Name	Category/Type	Transaction ID : SB17.10359
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	130.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 164 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ANTHONY PENTA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 46 DOONAN ST		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.12025</b>
City MEDFORD	State MA	
Zip Code 02155	Purpose of Disbursement IN-KIND: CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MARY PENTA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 46 DOONAN ST		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.12024</b>
City MEDFORD	State MA	
Zip Code 02155	Purpose of Disbursement IN-KIND: CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. POLCARI'S</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 92 BROADWAY		Amount of Each Disbursement this Period 11.24 <b>Transaction ID : SB17.11950</b> <b>[MEMO ITEM]</b>
City SAUGUS	State MA	
Zip Code 01906	Purpose of Disbursement AMEX 9/5 PAYMENT: TRAVEL: FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 189			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. POLCARI'S</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 92 BROADWAY		Amount of Each Disbursement this Period 66.19
City SAUGUS	State MA Zip Code 01906	
Purpose of Disbursement AMEX 9/5 PAYMENT: MEETING EXPENSE: MEAL		Transaction ID : SB17.11951
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. POLCARI'S</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 92 BROADWAY		Amount of Each Disbursement this Period 123.48
City SAUGUS	State MA Zip Code 01906	
Purpose of Disbursement AMEX 9/23 PAYMENT: FACILITY RENTAL/CATERING SERVICES		Transaction ID : SB17.12014
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2400.00
City BEVERLY	State MA Zip Code 01915	
Purpose of Disbursement COMPLIANCE CONSULTING		Transaction ID : SB17.10344
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 166 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. JAMES ROCKAS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.10334</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JAMES ROCKAS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 42.49 <b>Transaction ID : SB17.10377</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTIRES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BEST BUY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 230 INDEPENDENCE WAY		Amount of Each Disbursement this Period 42.49 <b>Transaction ID : SB17.10377.0</b> <b>[MEMO ITEM]</b>
City DANVERS	State MA	
Zip Code 01923	Purpose of Disbursement ROCKAS REIMBURSEMENT: OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1292.49
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 167 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. JAMES ROCKAS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.10391</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SANTARPIO'S PIZZA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 71 NEWBURY ST		Amount of Each Disbursement this Period 35.84 <b>Transaction ID : SB17.11941</b> <b>[MEMO ITEM]</b>
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 9/5 PAYMENT: TRAVEL: FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SMART MEDIA GROUP, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 1427 LESLIE AVENUE SUITE 100		Amount of Each Disbursement this Period 218275.00 <b>Transaction ID : SB17.10368</b>
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement PLACED MEDIA	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	219525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 168 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. SMART MEDIA GROUP, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 1427 LESLIE AVENUE SUITE 100		Amount of Each Disbursement this Period 116400.00 <b>Transaction ID : SB17.10411</b>
City ALEXANDRIA State VA Zip Code 22301	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SOMETHING ELSE STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 212 GOLDEN WILLOW COURT		Amount of Each Disbursement this Period 25125.00 <b>Transaction ID : SB17.10397</b>
City EASLEY State SC Zip Code 29642	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 301 NEWBURY STREET		Amount of Each Disbursement this Period 43.07 <b>Transaction ID : SB17.11946</b> <b>[MEMO ITEM]</b>
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 9/5 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	141525.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 169 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 301 NEWBURY STREET		Amount of Each Disbursement this Period 12.74
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 9/5 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.11961 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 301 NEWBURY STREET		Amount of Each Disbursement this Period 58.17
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 9/5 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.11962 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 301 NEWBURY STREET		Amount of Each Disbursement this Period 25.00
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 9/23 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.11998 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 189			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014		
Mailing Address 301 NEWBURY STREET			Amount of Each Disbursement this Period 866.71		
City DANVERS	State MA	Zip Code 01923	Transaction ID : SB17.11999		
Purpose of Disbursement AMEX 9/23 PAYMENT: OFFICE SUPPLIES		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014		
Mailing Address 301 NEWBURY STREET			Amount of Each Disbursement this Period 88.16		
City DANVERS	State MA	Zip Code 01923	Transaction ID : SB17.12002		
Purpose of Disbursement AMEX 9/23 PAYMENT: OFFICE SUPPLIES		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. STINSON STRATEGIES LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014		
Mailing Address 6 BEACON STREET SUITE 325			Amount of Each Disbursement this Period 800.00		
City BOSTON	State MA	Zip Code 02108	Transaction ID : SB17.10417		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 171 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STOP &amp; SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 19 HOWLEY ST		Amount of Each Disbursement this Period 75.13
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 9/5 PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.11963 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STOP &amp; SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 19 HOWLEY ST		Amount of Each Disbursement this Period 80.21
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 9/5 PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.11977 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STOP &amp; SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 19 HOWLEY ST		Amount of Each Disbursement this Period 28.43
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 9/23 PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.11990 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 172 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 6.53 <b>Transaction ID : SB17.10321</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 2.28 <b>Transaction ID : SB17.10322</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 42.08 <b>Transaction ID : SB17.10323</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.89
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 189			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 14.82		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.10324		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 47.14		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.10326		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014		
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 448.47		
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.10327		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	510.43
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 189			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 40.44	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.10335	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 635.10	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.10345	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 30.83	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.10353	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	706.37
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 189			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 459.71 <b>Transaction ID : SB17.10355</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 71.33 <b>Transaction ID : SB17.10360</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 83.16 <b>Transaction ID : SB17.10363</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	614.20
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 176 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 417.63 <b>Transaction ID : SB17.10365</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 121.49 <b>Transaction ID : SB17.10369</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 102.29 <b>Transaction ID : SB17.10381</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	641.41
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 177 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 9,999,999.99 75.80
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	Category/ Type
Candidate Name		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:

Full Name (Last, First, Middle Initial) <b>B. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 9,999,999.99 12.45
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	Category/ Type
Candidate Name		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:

Full Name (Last, First, Middle Initial) <b>C. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 9,999,999.99 4.25
City SAN FRANCISCO	State CA	
Purpose of Disbursement MERCHANT FEES	Zip Code 94110	Category/ Type
Candidate Name		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	92.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 178 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 107.98	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.10398	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 498.90	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.10399	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 35.08	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.10400	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	641.96
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 179 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 39.80 <b>Transaction ID : SB17.10402</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 26.58 <b>Transaction ID : SB17.10412</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 120.91 <b>Transaction ID : SB17.10413</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	187.29
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 180 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 17.10 <b>Transaction ID : SB17.10414</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 144.14 <b>Transaction ID : SB17.10418</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 43.28 <b>Transaction ID : SB17.10421</b>
City SAN FRANCISCO	State CA	
Zip Code 94110	Purpose of Disbursement MERCHANT FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	204.52
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 181 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 96.93	
City SAN FRANCISCO	State CA	Zip Code 94110	Transaction ID : SB17.10430	
Purpose of Disbursement MERCHANT FEES		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SUBWAY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 141 SUMMIT ST			Amount of Each Disbursement this Period 121.98	
City PEABODY	State MA	Zip Code 09160	Transaction ID : SB17.11958	
Purpose of Disbursement AMEX 9/5 PAYMENT: MEETING EXPENSE: MEAL		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SUNOCO</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 700 BROADWAY			Amount of Each Disbursement this Period 60.10	
City SAUGUS	State MA	Zip Code 01906	Transaction ID : SB17.12005	
Purpose of Disbursement AMEX 9/23 PAYMENT: TRAVEL: FUEL		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	96.93
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 182 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.10333</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.10390</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CHARLES SZOLD</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.10429</b>
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 183 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. TARGETED VICTORY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 1033 NORTH FAIRFAX STREET SUITE 400		Amount of Each Disbursement this Period 498.65
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement LIST RENTAL	Category/Type	<b>Transaction ID : SB17.10420</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TEDESCHI FOOD SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 72 LORING AVE		Amount of Each Disbursement this Period 3.18
City SALEM	State MA Zip Code 01970	
Purpose of Disbursement AMEX 9/23 PAYMENT: TRAVEL: FOOD	Category/Type	<b>Transaction ID : SB17.11984</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. THE CATALYST GROUP RW, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 600 PENNSYLVANIA AVE SE SUITE 330		Amount of Each Disbursement this Period 2000.00
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type	<b>Transaction ID : SB17.10346</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2498.65
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 184 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. THE HOME DEPOT</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 564 BROADWAY			Amount of Each Disbursement this Period 3.97
City SAUGUS	State MA	Zip Code 01906	
Purpose of Disbursement AMEX 9/23 PAYMENT: OFFICE SUPPLIES		Candidate Name	Transaction ID : SB17.11987
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. THE HOME DEPOT</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 564 BROADWAY			Amount of Each Disbursement this Period 3.97
City SAUGUS	State MA	Zip Code 01906	
Purpose of Disbursement AMEX 9/23 PAYMENT: OFFICE SUPPLIES		Candidate Name	Transaction ID : SB17.12003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. THRIFTCO PRINTING</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 26 HOWLEY STREET			Amount of Each Disbursement this Period 860.84
City PEABODY	State MA	Zip Code 01960	
Purpose of Disbursement PRINTING & DESIGN SERVICES		Candidate Name	Transaction ID : SB17.10349
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	860.84
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 185 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. THRIFTCO PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 26 HOWLEY STREET		Amount of Each Disbursement this Period 4839.91 <b>Transaction ID : SB17.10404</b>
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement PRINTING & DESIGN SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. UNION OYSTER HOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 41 UNION STREET		Amount of Each Disbursement this Period 1752.69 <b>Transaction ID : SB17.10406</b>
City BOSTON	State MA	
Zip Code 02108	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 512.00 <b>Transaction ID : SB17.11969</b> <b>[MEMO ITEM]</b>
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AMEX 9/5 PAYMENT: TRAVEL: AIR	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6592.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 186 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 245.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 9/5 PAYMENT: POSTAGE	Transaction ID : SB17.11959 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 392.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 9/5 PAYMENT: POSTAGE	Transaction ID : SB17.11967 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 203.62
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 9/23 PAYMENT: POSTAGE	Transaction ID : SB17.11995 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 187 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 54.85
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 9/23 PAYMENT: POSTAGE	Transaction ID : SB17.12015
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 637 LOWELL ST		Amount of Each Disbursement this Period 245.00
City PEABODY	State MA	
Zip Code 01960	Purpose of Disbursement AMEX 9/23 PAYMENT: POSTAGE	Transaction ID : SB17.12017
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VIC'S WAFFLE HOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 283 OLD MAIN ST		Amount of Each Disbursement this Period 101.87
City TEWKSBURY	State MA	
Zip Code 01876	Purpose of Disbursement AMEX 9/5 PAYMENT: MEETING EXPENSE: MEAL	Transaction ID : SB17.11982
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 188 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. VICTORY ENTERPRISES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 5200 SW 30TH ST		Amount of Each Disbursement this Period 2131.35
City DAVENPORT State IA Zip Code 52802	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name		Transaction ID : SB17.10383
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. VICTORY ENTERPRISES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 5200 SW 30TH ST		Amount of Each Disbursement this Period 1025.00
City DAVENPORT State IA Zip Code 52802	Purpose of Disbursement PRINTING & DESIGN SERVICES	
Candidate Name		Transaction ID : SB17.10407
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 55 BROOKSBY VILLAGE WAY		Amount of Each Disbursement this Period 103.27
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 9/5 PAYMENT: OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.11954
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3156.35
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 189 OF 189	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**TISEI CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 55 BROOKSBY VILLAGE WAY		Amount of Each Disbursement this Period 78.41
City DANVERS State MA Zip Code 01923	Purpose of Disbursement AMEX 9/5 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.11980 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WALGREENS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 229 ANDOVER ST		Amount of Each Disbursement this Period 7.23
City PEABODY State MA Zip Code 01960	Purpose of Disbursement AMEX 9/5 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.11948 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALGREENS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 229 ANDOVER ST		Amount of Each Disbursement this Period 33.98
City PEABODY State MA Zip Code 01960	Purpose of Disbursement AMEX 9/23 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.11989 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	486238.97