

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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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 / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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

Office Use Only								
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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))....	0.00	1781740.90
(b) Total Contribution Refunds (from Line 20(d))	0.00	16875.56
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	1764865.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12848.37	2006505.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	8156.95	22726.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4691.42	1983779.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2020.97	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

TISEI CONGRESSIONAL COMMITTEE

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	1257727.01
(ii) Unitemized.....	0.00	181848.89
(iii) TOTAL of contributions from individuals ▶	0.00	1439575.90
(b) Political Party Committees.....	0.00	5000.00
(c) Other Political Committees (such as PACs).....	0.00	337165.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1781740.90
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	221151.02
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	8156.95	22726.44
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8156.95	2025618.36

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12848.37	2006505.52
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	16125.56
(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	16875.56
21. OTHER DISBURSEMENTS	0.00	6000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12848.37	2029381.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6712.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8156.95
25. SUBTOTAL (add Line 23 and Line 24).....	14869.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12848.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2020.97

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

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

NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) COMCAST		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2015	
Mailing Address PO BOX 1577		Transaction ID : SA14.14199	
City NEWARK	State NJ	Zip Code 07101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 165.33 VENDOR REFUND: OVERPAYMENT	
Name of Employer Occupation		Election Cycle-to-Date 165.33	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) COMCAST		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2015	
Mailing Address PO BOX 1577		Transaction ID : SA14.14204	
City NEWARK	State NJ	Zip Code 07101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.95 VENDOR REFUND: OVERPAYMENT	
Name of Employer Occupation		Election Cycle-to-Date 219.28	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) GATEWAY REALTY TRUST		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2015	
Mailing Address 239 WESTERN AVE		Transaction ID : SA14.14202	
City ESSEX	State MA	Zip Code 01929	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 234.09 VENDOR REFUND: OVERPAYMENT	
Name of Employer Occupation		Election Cycle-to-Date 234.09	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	453.37
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 6 OF 12
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" 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)
NATIONAL GRID

Mailing Address PO BOX 11735

City State Zip Code
NEWARK NJ 07101

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
103.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015

Transaction ID : SA14.14205

Amount of Each Receipt this Period
 103.20

VENDOR REFUND: OVERPAYMENT

B. Full Name (Last, First, Middle Initial)
PEABODY MUNICIPAL LIGHT PLANT

Mailing Address 201 WARREN STREET EXT

City State Zip Code
PEABODY MA 01960

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2015

Transaction ID : SA14.14200

Amount of Each Receipt this Period
 400.04

VENDOR REFUND: OVERPAYMENT

C. Full Name (Last, First, Middle Initial)
PEABODY MUNICIPAL LIGHT PLANT

Mailing Address 201 WARREN STREET EXT

City State Zip Code
PEABODY MA 01960

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2015

Transaction ID : SA14.14201

Amount of Each Receipt this Period
 300.03

VENDOR REFUND: OVERPAYMENT

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

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

803.27

**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 8 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 40.04
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.14185
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. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 3.11
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.14186
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) C. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 25.05
City SAN FRANCISCO	State CA	
Zip Code 94128	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.14187
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:		

SUBTOTAL of Disbursements This Page (optional).....	68.20
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 9 OF 12			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.14188
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AUTHORIZE.NET		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address PO BOX 8999		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.14189
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BLUE CROSS BLUE SHIELD		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 401 PARK DR #14		Amount of Each Disbursement this Period 835.12 Transaction ID : SB17.14190
City BOSTON	State MA	
Zip Code 02215	Purpose of Disbursement INSURANCE	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:	

SUBTOTAL of Disbursements This Page (optional).....	905.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RYAN GOUGH		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 26 MAIN ST		Amount of Each Disbursement this Period 68.49 Transaction ID : SB17.14198
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. HUNTER DISTRIBUTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address PO BOX 725		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.14192
City LYNNFIELD	State MA	
Zip Code 01940	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) C. KOWLOON RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 948 BROADWAY		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.14193
City SAUGUS	State MA	
Zip Code 01906	Purpose of Disbursement 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:	

SUBTOTAL of Disbursements This Page (optional).....	1168.49
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 11 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL MOORE		Date of Disbursement MM / DD / YYYY 01 / 01 / 2015
Mailing Address 932 LYNNFIELD STREET		Amount of Each Disbursement this Period -2256.99
City LYNNFIELD	State MA	
Zip Code 01940	Purpose of Disbursement VOIDED CHECK: PAYROLL (ISSUED 11/2/2012)	Transaction ID : SB17.14209
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement MM / DD / YYYY 01 / 20 / 2015
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 788.60
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement DATABASE MANAGEMENT SERVICES	Transaction ID : SB17.14194
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) C. RED CURVE SOLUTIONS		Date of Disbursement MM / DD / YYYY 01 / 20 / 2015
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 : SB17.14195
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:		

SUBTOTAL of Disbursements This Page (optional).....	931.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TISEI CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2514.90
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement DATABASE MANAGEMENT SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.14196
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. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 7200.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.14197
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9714.90
TOTAL This Period (last page this line number only).....	12788.32