



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Stockwell For Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	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))....	57365.97	59965.97
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	57365.97	59965.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	38790.86	41293.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	38790.86	41293.20
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18672.77	
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

**Stockwell For Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21200.00	23800.00
(ii) Unitemized.....	5788.09	5788.09
(iii) TOTAL of contributions from individuals ▶	26988.09	29588.09
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	30377.88	30377.88
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	57365.97	59965.97
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	57365.97	59965.97

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	38790.86	41293.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	38790.86	41293.20

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	97.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	57365.97
25. SUBTOTAL (add Line 23 and Line 24).....	57463.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	38790.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18672.77

**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 57
	<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)  
**Stockwell For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Erwin Aulis**

Mailing Address 2133 N. Magnolia Ave

City Chicago State IL Zip Code 60614

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

Name of Employer Northwood Investors Occupation Real Estate Private Equity

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4281**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John Finn**

Mailing Address 132 Indian Creek Rd

City Ithaca State NY Zip Code 14850

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

Name of Employer GEI Consultants Occupation Engineer

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.4315**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Fred Forsgard**

Mailing Address 7 Harris Court

City marblehead State MA Zip Code 01945

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

Name of Employer Standard Electric Occupation VP Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.4233**

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 6 OF 57
	<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)  
**Stockwell For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John A Forster**

Mailing Address 166 Grovers Ave

City Bridgeport State CT Zip Code 06605

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2014

**Transaction ID : SA11AI.4221**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Sandra Forziati**

Mailing Address 14 Summit Rd.

City Marblehead State MA Zip Code 01945

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

Name of Employer Self Occupation Investor

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 / 10 / 2014

**Transaction ID : SA11AI.4295**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Vance Freymann**

Mailing Address 16 humboldt

City Providence State RI Zip Code 12906

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

Name of Employer Consigli Occupation business development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : SA11AI.4256**

Amount of Each Receipt this Period  
 500.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
	<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)  
**Stockwell For Congress**

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

Mailing Address 5008 Bonnie View Road

City State Zip Code  
Florence WI 54121

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

Name of Employer Occupation  
GEI Consultants Civil 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.4309**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2113 Oak Hollow Dr.

City State Zip Code  
Plano TX 75093

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

Name of Employer Occupation  
Gerlach & Gerlach, DDS Dentistry

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 / 05 / 2014

**Transaction ID : SA11AI.4266**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 204-A Hampshire St.

City State Zip Code  
Cambridge MA 03239

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

Name of Employer Occupation

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 / 10 / 2014

**Transaction ID : SA11AI.4659**

Amount of Each Receipt this Period  
2600.00  
In-kind -

**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 8 OF 57
	<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)  
**Stockwell For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Linda L. Hanratty**

Mailing Address 10 Churchill

City State Zip Code  
marblehead MA 01945

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

Name of Employer Occupation  
Self Marketing

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.4192**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Timothy J. Hunt**

Mailing Address 26 Dennet Road

City State Zip Code  
Marblehead MA 01945

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

Name of Employer Occupation  
retired Financial Services

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 / 16 / 2014

**Transaction ID : SA11AI.4163**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Errol S. Kitt**

Mailing Address 7 Heather Ln.

City State Zip Code  
Lloyd Harbor NY 11743

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

Name of Employer Occupation  
GEI Consultants 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 / 18 / 2014

**Transaction ID : SA11AI.4178**

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 9 OF 57
	<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)  
**Stockwell For Congress**

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

Mailing Address 24 Tufts St.

City Winchester State MA Zip Code 01890

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

Name of Employer GEI Consultants Occupation Civil Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : SA11AI.4319**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. Donna Maltzan**

Mailing Address 20 Brookdale

City Milford State TN Zip Code 06460

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

Name of Employer Self Occupation Training

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 20 / 2014

**Transaction ID : SA11AI.4229**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 343 Grant Ct.

City Libertyville State IL Zip Code 60048

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

Name of Employer GEI Consultants Occupation Engineering

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2014

**Transaction ID : SA11AI.4268**

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: PAGE 10 OF 57  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Stockwell For Congress**

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

Mailing Address 2 Turkey Shore Drive

City Ipswich 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2014

**Transaction ID : SA11AI.4245**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Paul F. Romano**

Mailing Address 44 Highwood Rd

City Farmington State CT Zip Code 06032

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

Name of Employer The Hartford Occupation Insurance

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 / 25 / 2014

**Transaction ID : SA11AI.4104**

Amount of Each Receipt this Period  
 500.00  
 contribution

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Marc Rozman**

Mailing Address 635 E Mendocino St

City Altadena State CA Zip Code 91001

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

Name of Employer GEI Consultants Occupation Civil Engineer

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.4313**

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 11 OF 57
	<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)  
**Stockwell For Congress**

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

Mailing Address 3743 N. Greenview

City Chicago State IL Zip Code 60613

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

Name of Employer Blackstone Group 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  
 07 / 24 / 2014

**Transaction ID : SA11AI.4237**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Rex Sessions**

Mailing Address 843 West George St.

City Chicago State IL Zip Code 60657

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

Name of Employer Winston & Strawn Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : SA11AI.4231**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 7 Glendale

City Marblehead State MA Zip Code 01945

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

Name of Employer State Street Global Advisors Occupation Investment Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4287**

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 12 OF 57
	<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)  
**Stockwell For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Beatrice C. Stockwell**

Mailing Address 26 Waterville Road

City Farmington State CT Zip Code 06032

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  
 07 / 29 / 2014

**Transaction ID : SA11AI.4330**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Philip H. Stockwell**

Mailing Address 32 Melrose Ave.

City Barrington State RI Zip Code 02806

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

Name of Employer Lifespan Occupation MD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 24 / 2014

**Transaction ID : SA11AI.4279**

Amount of Each Receipt this Period  
450.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christoher P. Vernon**

Mailing Address 844 polk Blvd

City Des moines State IA Zip Code 50312

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

Name of Employer Vernon Company 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  
 07 / 10 / 2014

**Transaction ID : SA11AI.4219**

Amount of Each Receipt this Period  
500.00

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

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

1950.00

**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 57
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>Mr. daniel waslo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2014
Mailing Address 1 Mohawk Road		<b>Transaction ID : SA11AI.4173</b>
City marblehead	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer General Electric	Occupation Engineer	
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>Dr. Roger J. Wise</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2014
Mailing Address 28 Churchill Road		<b>Transaction ID : SA11AI.4176</b>
City Marblehead	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer PERICO, INC.	Occupation Dentist	
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.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	21200.00

**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 57
	<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	

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NAME OF COMMITTEE (In Full)  
**Stockwell For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer Occupation  
GEI Consultants, Inc. Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2014

**Transaction ID : SA11D.4216**

Amount of Each Receipt this Period  
25.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer Occupation  
GEI Consultants, Inc. Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1013.13

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2014

**Transaction ID : SA11D.4782**

Amount of Each Receipt this Period  
988.13

In-kind -

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer Occupation  
GEI Consultants, Inc. Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21013.13

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2014

**Transaction ID : SA11D.4328**

Amount of Each Receipt this Period  
20000.00

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

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

21013.13

**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 57
	<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	

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NAME OF COMMITTEE (In Full)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4753</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 49.04	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 21062.17		
		In-kind -	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4671</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 144.44	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 21206.61		
		In-kind -	

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4721</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 96.00	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 21302.61		
		In-kind -	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	289.48
<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 17 OF 57
	<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	

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NAME OF COMMITTEE (In Full)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4768</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 900.00	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 22521.29		

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4778</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 15.96	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 22537.25		

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4685</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 246.33	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 22783.58		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1162.29
<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 18 OF 57
	<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	

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NAME OF COMMITTEE (In Full)  
**Stockwell For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City Marblehead State MA Zip Code 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer GEI Consultants, Inc. Occupation Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22791.86**

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

**Transaction ID : SA11D.4689**

Amount of Each Receipt this Period  
**8.28**

In-kind -

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City Marblehead State MA Zip Code 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer GEI Consultants, Inc. Occupation Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22818.32**

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

**Transaction ID : SA11D.4725**

Amount of Each Receipt this Period  
**26.46**

In-kind -

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City Marblehead State MA Zip Code 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer GEI Consultants, Inc. Occupation Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22906.52**

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

**Transaction ID : SA11D.4741**

Amount of Each Receipt this Period  
**88.20**

In-kind -

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

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

**122.94**

**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 57
	<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	

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NAME OF COMMITTEE (In Full)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4745</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 21.89	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 22928.41		

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4749</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 38.08	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 22966.49		

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4761</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 200.00	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23166.49		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	259.97
<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 20 OF 57
	<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	

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NAME OF COMMITTEE (In Full)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4765</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 275.00	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23441.49		

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4694</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 19.11	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2914 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23460.60		

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2014	
Mailing Address 5 Glendale Road		<b>Transaction ID : SA11D.4697</b>	
City Marblehead	State MA	Zip Code 01945	
FEC ID number of contributing federal political committee. C H4MA06124		Amount of Each Receipt this Period 122.36	
Name of Employer GEI Consultants, Inc.	Occupation Senior Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 23582.96		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	416.47
<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 21 OF 57
	<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	

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NAME OF COMMITTEE (In Full)  
**Stockwell For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City Marblehead State MA Zip Code 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer GEI Consultants, Inc. Occupation Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**23590.40**

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

**Transaction ID : SA11D.4733**

Amount of Each Receipt this Period  
 7.44

In-kind -

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City Marblehead State MA Zip Code 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer GEI Consultants, Inc. Occupation Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**24490.40**

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

**Transaction ID : SA11D.4773**

Amount of Each Receipt this Period  
 900.00

In-kind -

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City Marblehead State MA Zip Code 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer GEI Consultants, Inc. Occupation Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**24519.80**

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

**Transaction ID : SA11D.4729**

Amount of Each Receipt this Period  
 29.40

In-kind -

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

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

**936.84**

**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 57
	<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	

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NAME OF COMMITTEE (In Full)  
**Stockwell For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer Occupation  
GEI Consultants, Inc. Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**24944.80**

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

**Transaction ID : SA11D.4794**

Amount of Each Receipt this Period  
**425.00**

In-kind -

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer Occupation  
GEI Consultants, Inc. Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**24963.47**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2014

**Transaction ID : SA11D.4787**

Amount of Each Receipt this Period  
**18.67**

In-kind -

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer Occupation  
GEI Consultants, Inc. Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**25118.59**

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

**Transaction ID : SA11D.4802**

Amount of Each Receipt this Period  
**155.12**

In-kind -

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

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

**598.79**



**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 57
	<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	

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NAME OF COMMITTEE (In Full)  
**Stockwell For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer Occupation  
GEI Consultants, Inc. Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**25377.88**

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

**Transaction ID : SA11D.4812**

Amount of Each Receipt this Period  
**149.00**

In-kind -

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Christopher John Stockwell**

Mailing Address 5 Glendale Road

City State Zip Code  
Marblehead MA 01945

FEC ID number of contributing federal political committee. **C H4MA06124**

Name of Employer Occupation  
GEI Consultants, Inc. Senior Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**30377.88**

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

**Transaction ID : SA11D.4329**

Amount of Each Receipt this Period  
**5000.00**

contribution

**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).....

**5149.00**

**30377.88**



**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 25 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Boston Globe Home Del PBS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 135 William Morrissey Blvd		Amount of Each Disbursement this Period 15.96
City Boston State MA Zip Code 02125	Purpose of Disbursement newspaper sunday	Transaction ID : SB17.4780
Candidate Name Stockwell For Congress	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" 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. community newspaper</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 254 2nd ave ste 1		Amount of Each Disbursement this Period 200.00
City needham heights State MA Zip Code 02494	Purpose of Disbursement online ad	Transaction ID : SB17.4763
Candidate Name Stockwell For Congress	Category/Type 004	[MEMO ITEM]
Office Sought: <input checked="" 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. Dolphin Yacht Club</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 17 Allerton Place		Amount of Each Disbursement this Period 108.28
City marblehead State MA Zip Code 01945	Purpose of Disbursement team lunch chris jason steven dave kevin	Transaction ID : SB17.4739
Candidate Name Stockwell For Congress	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" 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 26 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Dolphin Yacht Club</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 17 Allerton Place		Amount of Each Disbursement this Period 88.20
City marblehead	State MA	
Zip Code 01945	Purpose of Disbursement Team lunch chris jason dave steven kevin	Transaction ID : SB17.4743
Candidate Name <b>Stockwell For Congress</b>	Category/Type 001	
Office Sought: <input checked="" 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 Conuts</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 1 Central Sq		Amount of Each Disbursement this Period 21.89
City Lynn	State MA	
Zip Code 01901	Purpose of Disbursement coffee and donuts for press conference at lynn Arts	Transaction ID : SB17.4747
Candidate Name <b>Stockwell For Congress</b>	Category/Type 001	
Office Sought: <input checked="" 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. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 49.04
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement google search ads	Transaction ID : SB17.4755
Candidate Name <b>Stockwell For Congress</b>	Category/Type 004	
Office Sought: <input checked="" 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 27 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Graphic Group</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 65 Middlesex		Amount of Each Disbursement this Period 743.75 <b>Transaction ID : SB17.4473</b>
City Burlington	State MA	
Purpose of Disbursement printing, flyers		Category/ Type 004
Candidate Name <b>Stockwell For Congress</b>		
Office Sought: <input checked="" 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. Graphic Group</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 65 Middlesex		Amount of Each Disbursement this Period 988.13 <b>Transaction ID : SB17.4784</b> <b>[MEMO ITEM]</b>
City Burlington	State MA	
Purpose of Disbursement campaign leaflets		Category/ Type 004
Candidate Name <b>Stockwell For Congress</b>		
Office Sought: <input checked="" 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. Guarino Design</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 204-A Hampshire St.		Amount of Each Disbursement this Period 712.50 <b>Transaction ID : SB17.4426</b>
City Cambridge	State MA	
Purpose of Disbursement branding design services		Category/ Type 006
Candidate Name <b>Stockwell For Congress</b>		
Office Sought: <input checked="" 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).....	1456.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Guarino Design</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 204-A Hampshire St.		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.4660</b>
City Cambridge	State MA	
Zip Code 03239	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Guarino Design</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 204-A Hampshire St.		Amount of Each Disbursement this Period 712.50 <b>Transaction ID : SB17.4453</b>
City Cambridge	State MA	
Zip Code 03239	Purpose of Disbursement brand design fee for services	Category/ Type
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Guarino Design</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 204-A Hampshire St.		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4474</b>
City Cambridge	State MA	
Zip Code 03239	Purpose of Disbursement graphic design	Category/ Type
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	3562.50
<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 29 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jos A Bank</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 450 Paradise		Amount of Each Disbursement this Period 308.75 <b>Transaction ID : SB17.4395</b>
City Swampscott	State MA	
Zip Code 01907	Purpose of Disbursement clothing candidate, events & canvassings	Category/ Type 007
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Ms Linda Killian</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2014
Mailing Address 604 Independence Ave SE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4433</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement consulting - contractor	Category/ Type 001
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Nationbuilder - 3 DNA</b>		Date of Disbursement MM / DD / YYYY 08 / 27 / 2014
Mailing Address 448 S Hill St Stee 201		Amount of Each Disbursement this Period 19.00 <b>Transaction ID : SB17.4759</b> <b>[MEMO ITEM]</b>
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement website	Category/ Type 001
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	1308.75
<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 30 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Nationbuilder - 3 DNA</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 448 S Hill St Stee 201		Amount of Each Disbursement this Period 149.00
City Los Angeles	State CA Zip Code 90013	
Purpose of Disbursement website	Category/Type 001	Transaction ID : SB17.4810  [MEMO ITEM]
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Nick's Famous Roas Beet</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2014
Mailing Address 139 Dodge St.		Amount of Each Disbursement this Period 18.67
City North Beverly	State MD Zip Code 01915	
Purpose of Disbursement lunch, Chris, Steve - campaigning	Category/Type 001	Transaction ID : SB17.4789  [MEMO ITEM]
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Ms. Pam Peak</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 52 manor Avenue Ste. 100		Amount of Each Disbursement this Period 1000.00
City Wellesley	State MA Zip Code 02402	
Purpose of Disbursement retainer, fundraising consulting, \$250/hour	Category/Type 001	Transaction ID : SB17.4454
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	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 31 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. robodial.org</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 3180 18TH ST		Amount of Each Disbursement this Period 57.77
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement robo calls list and campaign	Transaction ID : SB17.4808
Candidate Name Stockwell For Congress	Category/ Type 004	
Office Sought: <input checked="" 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. Mr. Richard Rubino</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 1 Abbot St		Amount of Each Disbursement this Period 500.00
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement copy editing, coaching retainer, \$50 / hour	Transaction ID : SB17.4463
Candidate Name Stockwell For Congress	Category/ Type 001	
Office Sought: <input checked="" 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. Sardella Signs</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 68 North Ave		Amount of Each Disbursement this Period 425.00
City Wakefield	State MA	
Zip Code 01880	Purpose of Disbursement Signs	Transaction ID : SB17.4798
Candidate Name Stockwell For Congress	Category/ Type 004	
Office Sought: <input checked="" 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).....	500.00
<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 32 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sign Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1813 E colonial Dr		Amount of Each Disbursement this Period 900.00
City Orlando	State FL Zip Code 32803	
Purpose of Disbursement lawn signs 2nd purchase	Category/Type 004	Transaction ID : SB17.4770 <b>[MEMO ITEM]</b>
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Sign Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 1813 E colonial Dr		Amount of Each Disbursement this Period 900.00
City Orlando	State FL Zip Code 32803	
Purpose of Disbursement lawn signs	Category/Type 004	Transaction ID : SB17.4775 <b>[MEMO ITEM]</b>
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Andrew Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014
Mailing Address Ballast way		Amount of Each Disbursement this Period 1200.00
City Marblehead	State MA Zip Code 01945	
Purpose of Disbursement Contractor, hours July (\$25/hour)	Category/Type 001	Transaction ID : SB17.4437
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	1200.00
<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 33 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 63.61 <b>Transaction ID : SB17.4420</b>
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement paper	Category/ Type 006
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 36.21 <b>Transaction ID : SB17.4398</b>
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement BW SS P@22 ltr lgl (2)	Category/ Type 004
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 16.79 <b>Transaction ID : SB17.4414</b>
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement BW SS P@SS Ltr/LGL - envelopes / pape	Category/ Type 004
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	63.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples, Inc.</b>		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 81.32 <b>Transaction ID : SB17.4422</b>
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement 251-500 BW2 LGL	Category/ Type 006
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 7.96 <b>Transaction ID : SB17.4415</b>
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement binder	Category/ Type 001
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 43.23 <b>Transaction ID : SB17.4362</b>
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement business services	Category/ Type 006
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	132.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 521.32 <b>Transaction ID : SB17.4389</b>
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement b-cards special, CLR2 premium, copying, labels, envs	Category/ Type 003
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 144.44 <b>Transaction ID : SB17.4670</b> <b>[MEMO ITEM]</b>
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement Cards for town meetings	Category/ Type 004
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2015 <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, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 191.40 <b>Transaction ID : SB17.4676</b> <b>[MEMO ITEM]</b>
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement invite env 500 qt	Category/ Type 003
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	521.32
<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 36 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 13 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 000,000.00 19.11
City Salem State MA Zip Code 01970	Category/Type 006	
Purpose of Disbursement 1 inst. lg poster, semigloss		Transaction ID : SB17.4693 <b>[MEMO ITEM]</b>
Candidate Name <b>Stockwell For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1014 <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, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 000,000.00 122.36
City Salem State MA Zip Code 01970	Category/Type 006	
Purpose of Disbursement 3 sets business cards		Transaction ID : SB17.4699 <b>[MEMO ITEM]</b>
Candidate Name <b>Stockwell For Congress</b>		
Office Sought: <input checked="" 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, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 000,000.00 155.12
City Salem State MA Zip Code 01970	Category/Type 001	
Purpose of Disbursement staples internet purchase		Transaction ID : SB17.4804 <b>[MEMO ITEM]</b>
Candidate Name <b>Stockwell For Congress</b>		
Office Sought: <input checked="" 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 37 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 988.13 Transaction ID : SB17.4704
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement Targus 2-in-1 AC-L	Category/ Type 006
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Staples, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2014
Mailing Address 17 Paradise Road		Amount of Each Disbursement this Period 2.53 Transaction ID : SB17.4709
City Salem	State MA	
Zip Code 01970	Purpose of Disbursement poster board	Category/ Type 006
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Mr. Christopher John Stockwell</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 988.13 Transaction ID : SB17.4783
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: MA District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	988.13
<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 38 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 4549.85 <b>Transaction ID : SB17.4452</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement Stockwell, expense reimbursement various expenses	Category/ Type 001
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 49.04 <b>Transaction ID : SB17.4754</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: MA District: 06	

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 144.44 <b>Transaction ID : SB17.4672</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: MA District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4743.33
<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 39 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 96.00 <b>Transaction ID : SB17.4722</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 19.00 <b>Transaction ID : SB17.4758</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 191.40 <b>Transaction ID : SB17.4684</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	306.40
<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 40 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 108.28 <b>Transaction ID : SB17.4738</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2914	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MA District: 06	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : SB17.4769</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MA District: 06	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 15.96 <b>Transaction ID : SB17.4779</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MA District: 06	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1024.24
<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 41 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 246.33 <b>Transaction ID : SB17.4686</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 8.28 <b>Transaction ID : SB17.4690</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 26.46 <b>Transaction ID : SB17.4726</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	281.07
<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 42 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 88.20 <b>Transaction ID : SB17.4742</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 21.89 <b>Transaction ID : SB17.4746</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 38.08 <b>Transaction ID : SB17.4750</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	148.17
<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 43 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.4762</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MA District: 06	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : SB17.4766</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MA District: 06	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 19.11 <b>Transaction ID : SB17.4695</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MA District: 06	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	494.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 122.36 <b>Transaction ID : SB17.4698</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: MA District: 06	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 7.44 <b>Transaction ID : SB17.4734</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: MA District: 06	

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : SB17.4774</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: MA District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1029.80
<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 45 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 29.40 <b>Transaction ID : SB17.4730</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MA District: 06	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 425.00 <b>Transaction ID : SB17.4795</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MA District: 06	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 18.67 <b>Transaction ID : SB17.4788</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MA District: 06	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	473.07
<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 46 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 2014 155.12 <b>Transaction ID : SB17.4803</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 2014 49.99 <b>Transaction ID : SB17.4703</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

Full Name (Last, First, Middle Initial) <b>C. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 2014 2.53 <b>Transaction ID : SB17.4708</b>
City Marblehead	State MA	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input checked="" 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: MA	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	207.64
<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 47 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 57.77 <b>Transaction ID : SB17.4807</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MA	District: 06	

Full Name (Last, First, Middle Initial) <b>B. Mr. Christopher John Stockwell</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 5 Glendale Road		Amount of Each Disbursement this Period 149.00 <b>Transaction ID : SB17.4813</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: MA	District: 06	

Full Name (Last, First, Middle Initial) <b>c. Stockwell For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 5 Glendale Rod		Amount of Each Disbursement this Period 246.33 <b>Transaction ID : SB17.4687</b> <b>[MEMO ITEM]</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement OVS semigloss; mount standard, roll...	Category/ Type
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	206.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Stockwell For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 5 Glendale Rod		Amount of Each Disbursement this Period 8.28
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement Duct tape	Transaction ID : SB17.4692
Candidate Name Stockwell For Congress	Category/Type 001	
Office Sought: <input checked="" 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. stop &amp; shop</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2014
Mailing Address 450 Paradise Road		Amount of Each Disbursement this Period 214.74
City Swampscott	State MA	
Zip Code 01907	Purpose of Disbursement Supporter party	Transaction ID : SB17.4421
Candidate Name Stockwell For Congress	Category/Type 007	
Office Sought: <input checked="" 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. stop &amp; shop</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 450 Paradise Road		Amount of Each Disbursement this Period 38.08
City Swampscott	State MA	
Zip Code 01907	Purpose of Disbursement food for press conference at Lynn Arts	Transaction ID : SB17.4751
Candidate Name Stockwell For Congress	Category/Type 001	
Office Sought: <input checked="" 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).....	214.74
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Subway Sandwiches</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 259 S. Main			Amount of Each Disbursement this Period 7.44
City Middleton	State MA	Zip Code 01949	
Purpose of Disbursement lunch after meeting with Thomson comms		Category/ Type 001	<b>Transaction ID : SB17.4735</b>  <b>[MEMO ITEM]</b>
Candidate Name <b>Stockwell For Congress</b>			
Office Sought: <input checked="" 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. Survey Monkey</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 1331 NW Lovejoy			Amount of Each Disbursement this Period 24.00
City Portland	State OR	Zip Code 97209	
Purpose of Disbursement survey		Category/ Type 001	<b>Transaction ID : SB17.4800</b>  <b>[MEMO ITEM]</b>
Candidate Name <b>Stockwell For Congress</b>			
Office Sought: <input checked="" 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. Thomson communications</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 100 South Main St.			Amount of Each Disbursement this Period 2250.00
City Middleton	State MA	Zip Code 01949	
Purpose of Disbursement PR firm retainer fee, b-weekly		Category/ Type 004	<b>Transaction ID : SB17.4460</b>
Candidate Name <b>Stockwell For Congress</b>			
Office Sought: <input checked="" 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) .....	2250.00
<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 50 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Thomson communications</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 100 South Main St.		Amount of Each Disbursement this Period 2250.00 <b>Transaction ID : SB17.4471</b>
City Middleton	State MA	
Zip Code 01949	Purpose of Disbursement PR firm bi-weekly retainer	Category/ Type 004
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 14 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Trader Joe's</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 300 Andover Street		Amount of Each Disbursement this Period 73.09 <b>Transaction ID : SB17.4713</b>
City Peabody	State MA	
Zip Code 01960	Purpose of Disbursement Food & supplies, Women for stockwell event	Category/ Type 007
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Ms. Julie Tremmel</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2014
Mailing Address 12 Messenger ST. Apt 3		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4447</b>
City Providence	State RI	
Zip Code 02903-1543	Purpose of Disbursement contractor	Category/ Type 001
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	2750.00
<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 51 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Julie Tremmel</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2014
Mailing Address 12 Messenger ST. Apt 3		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.4439</b>
City Providence	State RI	
Zip Code 02903-1543	Purpose of Disbursement \$50/hour 40 hours, July 2014	Category/ Type 001
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Ms. Julie Tremmel</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 12 Messenger ST. Apt 3		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4450</b>
City Providence	State RI	
Zip Code 02903-1543	Purpose of Disbursement contractor, PR	Category/ Type 001
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 27 Smith St.		Amount of Each Disbursement this Period 353.57 <b>Transaction ID : SB17.4392</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement mailing, fundraising letters	Category/ Type 003
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	3353.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 27 Smith St.		Amount of Each Disbursement this Period 13.44
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement campaign fundraising mailing	<b>Transaction ID : SB17.4393</b>
Candidate Name	003 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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 27 Smith St.		Amount of Each Disbursement this Period 96.00
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement PO Box rental, 6 months	<b>Transaction ID : SB17.4723</b>
Candidate Name <b>Stockwell For Congress</b>	003 Category/ Type	
Office Sought: <input checked="" 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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 27 Smith St.		Amount of Each Disbursement this Period 26.46
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement Stamps	<b>Transaction ID : SB17.4727</b>
Candidate Name <b>Stockwell For Congress</b>	003 Category/ Type	
Office Sought: <input checked="" 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)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 27 Smith St.		Amount of Each Disbursement this Period 29.40
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement stamps	Transaction ID : SB17.4731
Candidate Name <b>Stockwell For Congress</b>	Category/ Type 003	
Office Sought: <input checked="" 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. mr. steven waslo</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1 mohawk dr		Amount of Each Disbursement this Period 1110.00
City marblehead	State MA	
Zip Code 01945	Purpose of Disbursement contractor service, bi-weekly	Transaction ID : SB17.4479
Candidate Name <b>Stockwell For Congress</b>	Category/ Type 001	
Office Sought: <input checked="" 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. Mr. Kevin whitaker</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 10 Liberty Road		Amount of Each Disbursement this Period 302.00
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement signature gathering	Transaction ID : SB17.4448
Candidate Name <b>Stockwell For Congress</b>	Category/ Type 003	
Office Sought: <input checked="" 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).....	1412.00
<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 54 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Kevin whitaker</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2014
Mailing Address 10 Liberty Road		Amount of Each Disbursement this Period 370.00 <b>Transaction ID : SB17.4435</b>
City Marblehead	State MA	
Purpose of Disbursement sig. gathering	Category/ Type 003	
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Mr. Kevin whitaker</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2014
Mailing Address 10 Liberty Road		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4446</b>
City Marblehead	State MA	
Purpose of Disbursement contractor payment weekly	Category/ Type 001	
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Mr. Kevin whitaker</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 10 Liberty Road		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4451</b>
City Marblehead	State MA	
Purpose of Disbursement contractor	Category/ Type 001	
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	1870.00
<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 55 OF 57	
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Kevin whitaker</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address 10 Liberty Road		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4456</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement contractor pymnt	Category/ Type 001
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Mr. Kevin whitaker</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 10 Liberty Road		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.4457</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement contractor payment, 4 days not 5 (less \$2000)	Category/ Type 001
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Mr. Kevin whitaker</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2014
Mailing Address 10 Liberty Road		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4462</b>
City Marblehead	State MA	
Zip Code 01945	Purpose of Disbursement contractor weekly pymnt	Category/ Type 001
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	2800.00
<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 56 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Kevin whitaker</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2014
Mailing Address 10 Liberty Road		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4469</b>
City Marblehead	State MA	
Purpose of Disbursement Whitaker contractor weekly	Category/ Type 001	
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Mr. Kevin whitaker</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2014
Mailing Address 10 Liberty Road		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4475</b>
City Marblehead	State MA	
Purpose of Disbursement whitaker contractor payment weekly	Category/ Type 001	
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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. Mr. Kevin whitaker</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address 10 Liberty Road		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4476</b>
City Marblehead	State MA	
Purpose of Disbursement whitaker contractor weekly pymt	Category/ Type 001	
Candidate Name <b>Stockwell For Congress</b>	Office Sought: <input checked="" 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).....	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 57 OF 57			
	<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)  
**Stockwell For Congress**

Full Name (Last, First, Middle Initial) <b>A. Yankee Homecoming</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014
Mailing Address P. O. Box 493		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4443</b>
City Newburyport	State MA	
Zip Code 01950		Category/ Type 004
Purpose of Disbursement Yankee Homecoming parade participation fee		
Candidate Name <b>Stockwell For Congress</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	37811.42