

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
OGONOWSKI FOR CONGRESS

ADDRESS (number and street) 110 PELHAM RD
 Check if different than previously reported. (ACC)
DRACUT MA 01826

2. **FEC IDENTIFICATION NUMBER** C00434480
CITY STATE ZIP CODE STATE DISTRICT
MA MA

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 10 16 2007 in the State of MA

(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 01 2007 through 08 15 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Kathleen Ogonowski

Signature of Treasurer Electronically Filed by Kathleen Ogonowski Date 10 10 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

OGONOWSKI FOR CONGRESS

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	65270.00	233607.91
(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)).....	65270.00	233607.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	73355.18	130106.11
(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)).....	73355.18	130106.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	103621.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
OGONOWSKI FOR CONGRESS

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
1	5

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

45900.00

190250.00

(ii) Unitemized.....

16770.00

40757.91

(iii) TOTAL of contributions

62670.00

231007.91

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

2600.00

2600.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

65270.00

233607.91

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

65270.00

233607.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	73355.18	130106.11
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	73355.18	130106.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	111706.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	65270.00
25. SUBTOTAL (add Line 23 and Line 24).....	176976.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	73355.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	103621.80

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chelmsford Republican Town Committee		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007
Mailing Address 26 Worthen Street		Transaction ID: A7FE27A62D73E44399A9
City State Zip Code Chelmsford MA 01824	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Occupation Information Requested Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Sandra D Adams		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007
Mailing Address 176 Gilbertville Road P.O. 692		Transaction ID: A96C17EB8A40D4BC0B8C
City State Zip Code Ware MA 01082-9245	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Federal Government U.S.D.-A./F.S.A. Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Occupation Information Requested Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Nancy S Anthony		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2007
Mailing Address 103 Old Colony Road		Transaction ID: A90025C04173E4B05AFB
City State Zip Code Wellesley MA 02481-2809	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fernwood Advisors Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Occupation president Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Vincent F Barletta

Mailing Address 6 Glenfield East

City State Zip Code
Weston MA 02493-2330

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

Name of Employer Occupation
Barletta Construction president

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 08 / 2007

Transaction ID: A438F18AA795842B8B76

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ricardo M Barros

Mailing Address 558 Pleasant St., Suite 307

City State Zip Code
New Bedford MA 02740-6246

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

Name of Employer Occupation
Information Requested Attorney

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2007

Transaction ID: AF512434D1A254920A52

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Frank C Belitsky

Mailing Address 350 Longley Road

City State Zip Code
Groton MA 01450-1031

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

Name of Employer Occupation
retired retired

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2007

Transaction ID: A1E7E045300A94399BED

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Brox

Mailing Address PO Box 2974

City State Zip Code
Sedona AZ 86339-2974

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

Name of Employer self employed Occupation farmer

Receipt For: 2007
 Primary General
 Other (specify) ▼
Special Primary20-07 Election Cycle-to-Date ▼

1100.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2007

Transaction ID: AF821965F32184D75B0A

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Matthew Bruckner

Mailing Address 624 Ironwood Dr

City State Zip Code
Yorktown VA 23693-5560

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

Name of Employer US Military Occupation us military

Receipt For: 2007
 Primary General
 Other (specify) ▼
Special Primary20-07 Election Cycle-to-Date ▼

2300.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2007

Transaction ID: ADB4A5B9133814484873

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Darcy Cardarelli

Mailing Address 63 Ledge Road

City State Zip Code
Haverhill MA 01830-1409

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

Name of Employer housewife Occupation housewife

Receipt For: 2007
 Primary General
 Other (specify) ▼
Special Primary20-07 Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2007

Transaction ID: A62CFBD2DFC7C42C2985

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Barbara L. Chappell

Mailing Address 151 Bedford Road

City State Zip Code
Carlisle MA 01741-1817

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

Name of Employer
All Seasons Tennis Club

Occupation
Business Owner/ Retired

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 09 / 2007

Transaction ID: A2E224E77EAC84E37883

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Christopher W Collins

Mailing Address 72 Harbor St.

City State Zip Code
Manchester MA 01944-1425

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

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 06 / 2007

Transaction ID: AA9BDC7474DF84579AB7

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Anna M Corey

Mailing Address 206 Jones Ave

City State Zip Code
Dracut MA 01826-1506

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

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 01 / 2007

Transaction ID: AB79BE441EC6C4B429BD

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James Desmarais

Mailing Address 148 Lakeshore Dr

City State Zip Code
Dracut MA 01826-1008

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

Name of Employer retired Occupation retired

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2007

Transaction ID: AB15AB19381244121828

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Domoracki

Mailing Address P.O. Box 322

City State Zip Code
Newburyport MA 01950-0422

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

Name of Employer self Occupation landscaper

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2007

Transaction ID: AC940A28491F943CBB8A

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John Domoracki

Mailing Address 39 Green St.

City State Zip Code
Newburyport MA 01950-2652

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

Name of Employer self Occupation landscaper

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2007

Transaction ID: AB603BFBA3A5A49CDB3E

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James K Ferraro

Mailing Address 130 Philips Brooks Road

City State Zip Code
Westwood MA 02090-2022

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

Name of Employer self Occupation
Attorney

Receipt For: 2007
 Primary General
 Other (specify) ▼
Special Primary20-07

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2007

Transaction ID: A89441917DEF74986A7A

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Duncan L Fox

Mailing Address 256 Marsh Hill Rd

City State Zip Code
Dracut MA 01826-1414

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

Name of Employer Parlex Corporation Occupation
Waste Water Treatment Operator

Receipt For: 2007
 Primary General
 Other (specify) ▼
Special Primary20-07

Election Cycle-to-Date ▼

700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2007

Transaction ID: A44995F9A28A74C8A893

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Antonio Frias

Mailing Address 20 Cedar St.

City State Zip Code
Hudson MA 01749-1745

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

Name of Employer STF GOV. Occupation
CEO

Receipt For: 2007
 Primary General
 Other (specify) ▼
Special Primary20-07

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2007

Transaction ID: AF209FCA5EF8348C9A6F

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gregory F Fulgione		Date of Receipt M M / D D / Y Y Y Y Y 08 / 14 / 2007
Mailing Address 1 Rockwood Lane		Transaction ID: AF959F1048B4448419FD
City State Zip Code Lawrence MA 01843-1917	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Occupation Information Requested Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Benjamin H Gannett		Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2007
Mailing Address 14 Smiths Point Rd		Transaction ID: A3FCB557876E94B9DB43
City State Zip Code Manchester MA 01944-1448	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Gannett, Welsh, and Koller, LLC Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Occupation Vice Chairman Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Walter Haas		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2007
Mailing Address 141 Summer St		Transaction ID: A6C6E5ED0B75F44069CC
City State Zip Code Medway MA 02053-2132	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer retired Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General20-07	Occupation retired Election Cycle-to-Date ▼ 2400.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dorothy M. Hoare

Mailing Address 154 Central Ave.

City State Zip Code
Ayer MA 01432-1406

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

Name of Employer retired Occupation retired

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 09 / 2007

Transaction ID: A8FFAD11973FF4A2F993

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert C Hughes

Mailing Address 5 Durham Dr.

City State Zip Code
Andover MA 01810-5500

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

Name of Employer eXFILE.com, Inc Occupation partner

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 09 / 2007

Transaction ID: A7A62D1025B0942BAB1B

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kerry A Hutchinson

Mailing Address 252 Rowley Bridge Road

City State Zip Code
Topsfield MA 01983-2413

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2007

Transaction ID: A3D8F9488C0A147E98BD

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Tim L Kaminski

Mailing Address 4 Powder Hill Road

City State Zip Code
Bolton MA 01740-1083

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

Name of Employer Lilliputian Systems, Inc Occupation marketing

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 15 / 2007

Transaction ID: A479BEE4BE10C4B22829

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael D Knupp

Mailing Address 11 Delaney Drive

City State Zip Code
Littleton MA 01460-6212

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

Name of Employer ENSR/ AECOM Corp. Occupation Eng. Executive

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼

250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2007

Transaction ID: A12E01955CD4AD398B

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Cynthia Lam

Mailing Address 12 Wood Road

City State Zip Code
Sherborn MA 01770-1003

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 27 / 2007

Transaction ID: A35651E6A802F49D09C6

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
C Kevin Landry

Mailing Address 250 Boylston St.
Apt. 6

City Boston State MA Zip Code 02116-3943

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

Name of Employer TA Associates, Inc Occupation investment manager

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2007

Transaction ID: A8C7C6EE3C5A14E368E4

Amount of Each Receipt this Period
 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James LaValle

Mailing Address 46 Little Bay Road

City Wading River State NY Zip Code 11792-1028

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

Name of Employer NTD Labs Occupation marketing/sales

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2007

Transaction ID: A28B9A45C81C24ED5B81

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John W LaValle

Mailing Address 1171 Westbend Road

City Westlake Village State CA Zip Code 91362-5619

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

Name of Employer Row 44, Inc Occupation Financial Manager

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2007

Transaction ID: AB8B0008625B34BAF92B

Amount of Each Receipt this Period
 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4050.00**

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

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

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. William J LaValle		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007	
Mailing Address 27 Sully Drive		Transaction ID: A19A755389D8641C09E7	
City State Zip Code Manhasset NY 11030-2805	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer self Occupation self counsellor at law	Election Cycle-to-Date Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary20-07 300.00		

Full Name (Last, First, Middle Initial) B. Katherine I Malarney		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2007	
Mailing Address 12 Basswood Lane		Transaction ID: AB25A12764F1B4FEE948	
City State Zip Code Andover MA 01810-5883	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer self Occupation self Self	Election Cycle-to-Date Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary20-07 500.00		

Full Name (Last, First, Middle Initial) C. Janis A Maliszewski		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2007	
Mailing Address 226 Christian St		Transaction ID: A46C2E0136FEA4BCA913	
City State Zip Code Lowell MA 01850-2267	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Occupation Lowell school system Teacher	Election Cycle-to-Date Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary20-07 600.00		

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kathleen McLaughlin

Mailing Address 21 Buttermilk Rd

City Leominster State MA Zip Code 01453-7001

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

Name of Employer Acosta Occupation sales representative

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2007

Transaction ID: AD5A5B55E2956457BAB5

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Albert W Merck

Mailing Address 16 Neds Point Road

City Mattapoisett State MA Zip Code 02739-2165

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

Name of Employer retired Occupation retired

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 09 / 2007

Transaction ID: A4DF3D23E80FA4FCDA22

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Daniel P Meuser

Mailing Address 182 Susquehanna Avenue

City Exeter State PA Zip Code 18643-2653

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

Name of Employer Prides Mobility Corp. Occupation president

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2007

Transaction ID: ABF639D0895524514929

Amount of Each Receipt this Period
 300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rodger P Nordblom

Mailing Address 200 Barnes Hill Road

City Concord State MA Zip Code 01742-5613

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

Name of Employer Nordblom Co. Occupation real estate

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 16 / 2007

Transaction ID: A567322325F194691B6C

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Rodger P. Nordblom

Mailing Address 200 Barnes Hill Rd.

City Concord State MA Zip Code 01742-5613

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

Name of Employer Nordblom Co. Occupation real estate

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2007

Transaction ID: A8C1AB2458F8D4119BA8

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Warren E Norquist

Mailing Address 89 Bradford Road

City Weston State MA Zip Code 02493-2142

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

Name of Employer retired Occupation retired

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 13 / 2007

Transaction ID: AF1D91A2A9CC741F4A6A

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Albert Ogonowski		Date of Receipt MM / DD / YYYY 07 / 26 / 2007
Mailing Address 267 Methuen Rd		Transaction ID: A82A15C1EB24547639FF
City Dracut	State Zip Code MA 01826-1516	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self employed	Occupation farmer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Election Cycle-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Albert Ogonowski		Date of Receipt MM / DD / YYYY 08 / 15 / 2007
Mailing Address 267 Methuen Rd		Transaction ID: A860E282C00D94AB8906
City Dracut	State Zip Code MA 01826-1516	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self employed	Occupation farmer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Carol Ogonowski		Date of Receipt MM / DD / YYYY 08 / 02 / 2007
Mailing Address 713 Broadway Rd		Transaction ID: A140F8D0B369C4178848
City Dracut	State Zip Code MA 01826-2726	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer IRS	Occupation Accountant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General20-07	Election Cycle-to-Date ▼ 4600.00	

SUBTOTAL of Receipts This Page (optional)	3400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Donna Ogonowski

Mailing Address 610 Broadway Rd

City State Zip Code
Dracut MA 01826-2711

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

Name of Employer Occupation
meister-brem Clerk

Receipt For: 2007 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Special Primary20-07 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2007

Transaction ID: A14A4F842CFAA40B9AF6

Amount of Each Receipt this Period
25.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Inez Ogonowski

Mailing Address 6159 Labo Rd.

City State Zip Code
Newport MI 48166-9704

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

Name of Employer Occupation
New Port Hospital Nurse

Receipt For: 2007 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Special Primary20-07 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2007

Transaction ID: A4458EF1F22EF4E6E80B

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Inez Ogonowski

Mailing Address 6159 Labo Rd.

City State Zip Code
Newport MI 48166-9704

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

Name of Employer Occupation
New Port Hospital Nurse

Receipt For: 2007 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Special General20-07 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2007

Transaction ID: A0C112F43B6AE47D49BE

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	4625.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stanley Ogonowski

Mailing Address 573 Methuen St

City State Zip Code
Dracut MA 01826-5216

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

Name of Employer Occupation
retired retired

Receipt For: 2007 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Special Primary20-07 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 06 / 2007

Transaction ID: AD603562535EB48F29CC

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Theresa Ogonowski

Mailing Address 713 Broadway Rd

City State Zip Code
Dracut MA 01826-2726

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

Name of Employer Occupation
Information Requested retired

Receipt For: 2007 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Special General20-07 2900.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2007

Transaction ID: A985D4C3B8C444EA299D

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Theresa Ogonowski

Mailing Address 713 Broadway Rd

City State Zip Code
Dracut MA 01826-2726

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

Name of Employer Occupation
Information Requested retired

Receipt For: 2007 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Special General20-07 3100.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2007

Transaction ID: AC3622C5F1A754CD3B8E

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John F Paczkowski		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2007
Mailing Address 378 Marsh Hill Road		Transaction ID: AA5C3F0176F4A4547833
City State Zip Code Dracut MA 01826-1416	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Occupation Attorney Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Raymond B Paczkowski		Date of Receipt M M / D D / Y Y Y Y Y 07 / 08 / 2007
Mailing Address P.O. Box 307		Transaction ID: A2241197DA36A4CE79B9
City State Zip Code Tewksbury MA 01876-0307	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Law Offices of Raymond J. Paczkowski Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Occupation lawyer Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Jeanne L Parlee		Date of Receipt M M / D D / Y Y Y Y Y 07 / 03 / 2007
Mailing Address 4 Proctor Road		Transaction ID: A3418A4FAA6C34B32AF5
City State Zip Code Chelmsford MA 01824-4317	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer J & C Management Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Occupation real estate Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lynda J Percy

Mailing Address 9 Basswood Lane

City State Zip Code
Andover MA 01810-5883

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

Name of Employer Unemployed Occupation Unemployed

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼

300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2007

Transaction ID: A2710BA1BC1AA44A6806

Amount of Each Receipt this Period
 300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jack Prindiville

Mailing Address 1550 Worcester Rd #508

City State Zip Code
Framingham MA 01702-8931

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

Name of Employer retired Occupation retired

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 24 / 2007

Transaction ID: A5FD65E9FEFA2459FAB5

Amount of Each Receipt this Period
 400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Christine Quigley

Mailing Address 624 Ironwood Dr

City State Zip Code
Yorktown VA 23693-5560

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

Name of Employer US Air Force Occupation us military

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼

2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2007

Transaction ID: A2132C32EF5CD4D85A04

Amount of Each Receipt this Period
 1300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Christine Quigley

Mailing Address 624 Ironwood Dr

City Yorktown State VA Zip Code 23693-5560

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

Name of Employer US Air Force Occupation us military

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special General20-07

Election Cycle-to-Date ▼ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 14 / 2007

Transaction ID: AFB4E36E34C2A481DB23

Amount of Each Receipt this Period
 400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Delores Quigley

Mailing Address 5533 Navaho Dr

City Pensacola State FL Zip Code 32507-8759

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

Name of Employer retired Occupation Nurse

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 15 / 2007

Transaction ID: A480D10A9B9AD409FB28

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Delores Quigley

Mailing Address 5533 Navaho Dr

City Pensacola State FL Zip Code 32507-8759

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

Name of Employer retired Occupation Nurse

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 15 / 2007

Transaction ID: A42315C739F0947CEB46

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John C Rutherford		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2007	
Mailing Address 300 Woodland Road		Transaction ID: AF50095FBF15B4DD380F	
City State Zip Code Chestnut Hill MA 02467-2205	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Parthenon Capital, LLC	Occupation Managing partner		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Kevin Scott		Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2007	
Mailing Address P.O. Box 2127		Transaction ID: A98E4F807BA0A47B4A38	
City State Zip Code Wakefield MA 01880-6127	Amount of Each Receipt this Period 225.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer IT Placement	Occupation Consultant		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Election Cycle-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Eric Shaw		Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2007	
Mailing Address 5 Elm St		Transaction ID: A1A5FA09E18DA4A10A88	
City State Zip Code Maynard MA 01754-2607	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Sudbury Design Group	Occupation horticulturist		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	725.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Daniel J Shine

Mailing Address 28 Landing Drive

City State Zip Code
Methuen MA 01844-5824

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

Name of Employer Information Requested Occupation
Engineer

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2007

Transaction ID: A6C7FD1B90C204A7AA2C

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Steve J Snider

Mailing Address 114 Stonecliffe Road

City State Zip Code
Newton MA 02458

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

Name of Employer Fidelity Investments Occupation
investment manager

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2007

Transaction ID: A635C0A3134134254A4D

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jane Swift

Mailing Address 580 Henderson Road

City State Zip Code
Williamstown MA 01267-2214

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

Name of Employer self Occupation
WNP Consulting, LLC

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: A1F73A6C49A19489BB70

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Peter P Szurley Mailing Address 4 Guile Ave City State Zip Code Tewksbury MA 01876-1606 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A37B62D0573F94001AD3 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8	/	0	6	/	2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8	/	0	6	/	2	0	0	7														
250.00																							
Name of Employer Occupation Dracut Kitchen and Bath owner Receipt For: 2007 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07 250.00																							

B. Full Name (Last, First, Middle Initial) Polly J Townsend Mailing Address 34 Proctor St. City State Zip Code Manchester MA 01944 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A3FB3494E1DE748A7AC7 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	6	/	2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	2	6	/	2	0	0	7														
250.00																							
Name of Employer Occupation homemaker Homemaker Receipt For: 2007 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07 250.00																							

C. Full Name (Last, First, Middle Initial) Robert E Wescott Mailing Address 52 York Street City State Zip Code Andover MA 01810-2601 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A9DE9AA5F539D4B3490F Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	0	/	2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	2	0	/	2	0	0	7														
250.00																							
Name of Employer Occupation Copilabs Inc. president Receipt For: 2007 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07 250.00																							

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dudley H. Willis

Mailing Address 177 Farm Road

City Sherborn State MA Zip Code 01770-1623

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

Name of Employer Simonds Willis and Abbott Occupation Attorney

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 09 / 2007

Transaction ID: A27188C12E1194F38846

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donald D. Wilson

Mailing Address 36 Fern Street

City Lexington State MA Zip Code 02421-6025

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

Name of Employer self employed Occupation farmer

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 10 / 2007

Transaction ID: A7791B412A82745F58F0

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kathleen M Wiltsey

Mailing Address 1171 Westbend Road

City Westlake Village State CA Zip Code 91362-5619

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

Name of Employer retired Occupation retired

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 16 / 2007

Transaction ID: A9211ED51C1DF43D79A8

Amount of Each Receipt this Period
 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Katherine B. Winter		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 10 Marlborough St.		Transaction ID: ABF425C0EB3464514ADB
City State Zip Code Boston MA 02116-2101	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self employed Occupation housewife	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07		

B. Full Name (Last, First, Middle Initial) Colleen M Wojick		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 7
Mailing Address 24 Shore Drive		Transaction ID: AC4FEB11BD5384A65B9C
City State Zip Code Dracut MA 01826-2030	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer retired Occupation retired	Election Cycle-to-Date ▼ 300.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07		

C. Full Name (Last, First, Middle Initial) Charles Zaher		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 19 Locke Road		Transaction ID: A5C0D091F6C28476B978
City State Zip Code Chelmsford MA 01824-1303	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self employed Occupation Excavation	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary20-07		

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	45900.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 45
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Republican Main Street PAC

Mailing Address 1220 L Street, NW
Suite 100-263

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2007

Transaction ID: A4EE5013DE0AD4E0FBE2

Amount of Each Receipt this Period
 2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Scott Brown Re-Election Committee

Mailing Address P.O. Box 566

City Wrentham State MA Zip Code 02093

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

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special Primary20-07

Election Cycle-to-Date ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2007

Transaction ID: ADE454D5791144BCB942

Amount of Each Receipt this Period
 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	2600.00

**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 / 45

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Aristotle		Transaction ID: B68EC8C4229664AAEA2E Date of Disbursement 07 / 13 / 2007
Mailing Address 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 2550.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Database Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: BD5C9C3D1998542C2AB4 Date of Disbursement 08 / 14 / 2007
Mailing Address 4144 Lavista Rd		Amount of Each Disbursement this Period 100.66
City Tucker State GA Zip Code 30084	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bankcard fees Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) C. Copy Cop		Transaction ID: B2056166D5E2F44A2BC6 Date of Disbursement 07 / 05 / 2007
Mailing Address 12 Channel Street South		Amount of Each Disbursement this Period 1155.00
City South Boston State MA Zip Code 02210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

SUBTOTAL of Disbursements This Page (optional)	3805.66
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

<p>A. Copy Cop</p> <p>Full Name (Last, First, Middle Initial) Copy Cop</p> <p>Mailing Address 12 Channel Street South</p> <p>City South Boston State MA Zip Code 02210</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007</p>		<p>Transaction ID: BD7CAF17D901D42E9A5B</p> <p>Date of Disbursement 07 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1041.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. Donatelli Avella, Inc</p> <p>Full Name (Last, First, Middle Initial) Donatelli Avella, Inc</p> <p>Mailing Address P.O. Box 25748</p> <p>City Alexandria State VA Zip Code 08540</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007</p>		<p>Transaction ID: B46F1B8948F6D44A5A84</p> <p>Date of Disbursement 07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 3775.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. J&C real estate</p> <p>Full Name (Last, First, Middle Initial) J&C real estate</p> <p>Mailing Address 4 Meeting House Rd</p> <p>City Chelmsford State MA Zip Code 01824</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007</p>		<p>Transaction ID: B4916A86629034377985</p> <p>Date of Disbursement 07 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 2037.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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SUBTOTAL of Disbursements This Page (optional) ▶

6853.60

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. J&C real estate		Transaction ID: B94008A8E084241D3BC3 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
Mailing Address 4 Meeting House Rd		Amount of Each Disbursement this Period 1940.00
City Chelmsford State MA Zip Code 01824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) B. Jamestown Associates		Transaction ID: B586DDA278A5E41A6976 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 5 Mapleton Rd Suite 300		Amount of Each Disbursement this Period 3210.00
City Princeton State NJ Zip Code 08540	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Production Costs for television spot Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) C. Jamestown Associates		Transaction ID: B87A4EA41C59D48F28D8 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 5 Mapleton Rd Suite 300		Amount of Each Disbursement this Period 13224.00
City Princeton State NJ Zip Code 08540	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement production costs Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

SUBTOTAL of Disbursements This Page (optional) ► **18374.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JetBlue		Transaction ID: BF70F498B080C48D2BB9 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 19 Old Kings Hwy S #23		Amount of Each Disbursement this Period 278.80
City Darien State CT Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel costs Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) B. JetBlue		Transaction ID: B6E117C9DA45C4FBE92E Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
Mailing Address 19 Old Kings Hwy S #23		Amount of Each Disbursement this Period 278.80
City Darien State CT Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel costs Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) C. JetBlue		Transaction ID: BD15FCEF6408E46708AC Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 7
Mailing Address 19 Old Kings Hwy S #23		Amount of Each Disbursement this Period 65.00
City Darien State CT Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel costs Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

SUBTOTAL of Disbursements This Page (optional) ► **622.60**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Matt Wylie Consulting		Transaction ID: B48EFE7435B5846C8926 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7
Mailing Address 7 Tokeneke Rd Suite 201		Amount of Each Disbursement this Period 6687.43
City Darien State CT Zip Code 06820	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting Fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary 2007	

Full Name (Last, First, Middle Initial) B. Simard Printing		Transaction ID: BB706EF4560714EE7AD9 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 300 Salem Street		Amount of Each Disbursement this Period 1420.00
City Woburn State MA Zip Code 01801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary 2007	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: B8D4FA1EC03974F8494D Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address 265 Chelmsford St.		Amount of Each Disbursement this Period 183.67
City Chelmsford State MA Zip Code 01824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Network Hubs and Cables Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary 2007	

SUBTOTAL of Disbursements This Page (optional) ▶	8291.10
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: B211A4E239AA441BF8EA Date of Disbursement 07 / 13 / 2007
Mailing Address 265 Chelmsford St.		Amount of Each Disbursement this Period 119.45
City Chelmsford State MA Zip Code 01824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: B7591F8C43BA54B148C1 Date of Disbursement 07 / 16 / 2007
Mailing Address 265 Chelmsford St.		Amount of Each Disbursement this Period 41.99
City Chelmsford State MA Zip Code 01824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: BB1FA91C093EC465AA3C Date of Disbursement 07 / 16 / 2007
Mailing Address 265 Chelmsford St.		Amount of Each Disbursement this Period 20.95
City Chelmsford State MA Zip Code 01824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

SUBTOTAL of Disbursements This Page (optional)	182.39
TOTAL This Period (last page this line number only)	(Empty box)

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)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: B9C5200CF38D24945A46 Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2007
Mailing Address 265 Chelmsford St.		Amount of Each Disbursement this Period 744.40
City Chelmsford State MA Zip Code 01824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: BC613974A65FB46BAAF6 Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2007
Mailing Address 265 Chelmsford St.		Amount of Each Disbursement this Period 49.98
City Chelmsford State MA Zip Code 01824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	
State: District:		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: B95F0E99763494CDDA66 Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2007
Mailing Address 265 Chelmsford St.		Amount of Each Disbursement this Period 5.29
City Chelmsford State MA Zip Code 01824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ► **799.67**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

<p>A. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 265 Chelmsford St.</p> <p>City Chelmsford State MA Zip Code 01824</p> <p>Purpose of Disbursement Labels</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007</p>		<p>Transaction ID: BFBC263B6954F41EE978</p> <p>Date of Disbursement 08 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 50.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. USPS</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 45 Alpine Ln</p> <p>City Chelmsford State MA Zip Code 01824</p> <p>Purpose of Disbursement Postage costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007</p>		<p>Transaction ID: B42A6626658514FBEB41</p> <p>Date of Disbursement 08 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1438.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. Whaleback Systems Corporation</p> <p>Full Name (Last, First, Middle Initial) Whaleback Systems Corporation</p> <p>Mailing Address 110 Corporate Dr.</p> <p>City Portsmouth State NH Zip Code 03801</p> <p>Purpose of Disbursement Utilities-phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007</p>		<p>Transaction ID: B23CFDD7E620A499FA13</p> <p>Date of Disbursement 07 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 549.45</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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SUBTOTAL of Disbursements This Page (optional)	2037.84
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Whaleback Systems Corporation		Transaction ID: B891D5230B8994E759E6 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 110 Corporate Dr.		Amount of Each Disbursement this Period 549.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Portsmouth State NH Zip Code 03801	Purpose of Disbursement Utilities-phone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) B. Dan Diorio		Transaction ID: B4B5735A59B9246B7AD7 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 1008 Fox Hollow Rd		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stroudsburg State PA Zip Code 18360-9742	Purpose of Disbursement salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) C. Dan Diorio		Transaction ID: B2E39783745EF4A27ABF Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 1008 Fox Hollow Rd		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stroudsburg State PA Zip Code 18360-9742	Purpose of Disbursement salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

SUBTOTAL of Disbursements This Page (optional) ► **2549.45**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dan Diorio		Transaction ID: B700D84CD6D564A6885B Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 1008 Fox Hollow Rd		Amount of Each Disbursement this Period 430.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stroudsburg State PA Zip Code 18360-9742	Purpose of Disbursement reimbursement for travel, parking, food Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) B. Barry Flynn		Transaction ID: B5DB8EF412BBD481DBFE Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 37 Webster St.		Amount of Each Disbursement this Period 1258.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State MA Zip Code 02474-3317	Purpose of Disbursement Consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) C. Barry Flynn		Transaction ID: B11A7EE0A338D43B2B46 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 37 Webster St.		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State MA Zip Code 02474-3317	Purpose of Disbursement Consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

SUBTOTAL of Disbursements This Page (optional) ► **2688.09**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Barney Keller		Transaction ID: B6C59E7A97EA04E08A46 Date of Disbursement 07 / 02 / 2007
Mailing Address 276 Hanover St. Apt. 1		Amount of Each Disbursement this Period 1300.00
City Boston State MA Zip Code 02113-1825	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) B. Barney Keller		Transaction ID: B582C84DD1D7841F3A38 Date of Disbursement 07 / 16 / 2007
Mailing Address 276 Hanover St. Apt. 1		Amount of Each Disbursement this Period 1500.00
City Boston State MA Zip Code 02113-1825	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) C. Barney Keller		Transaction ID: BC27E5BAC816F49718E3 Date of Disbursement 08 / 01 / 2007
Mailing Address 276 Hanover St. Apt. 1		Amount of Each Disbursement this Period 1500.00
City Boston State MA Zip Code 02113-1825	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

SUBTOTAL of Disbursements This Page (optional) ► **4300.00**

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

A. Barney Keller Full Name (Last, First, Middle Initial) Mailing Address 276 Hanover St. Apt. 1 City Boston State MA Zip Code 02113-1825 Purpose of Disbursement reimbursement for travel, parking, food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007		Transaction ID: B3BA7A4D5D15D4229B45 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 423.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

B. Ladd T Moore Full Name (Last, First, Middle Initial) Mailing Address 58 Temple St. City Boston State MA Zip Code 02114-4209 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007		Transaction ID: B04A9AD2323D24C20AAA Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 2100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Ladd T Moore Full Name (Last, First, Middle Initial) Mailing Address 58 Temple St. City Boston State MA Zip Code 02114-4209 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007		Transaction ID: BBD8B9B50729148E5A28 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 2100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional)	4623.44
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dustin M Olson		Transaction ID: BF86158041C604D4BAC7 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 456		Amount of Each Disbursement this Period 2166.67
City Limon State CO Zip Code 80828-0456	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) B. Dustin M Olson		Transaction ID: B8BF0EF7CDFAE4E6CA5C Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 456		Amount of Each Disbursement this Period 2500.00
City Limon State CO Zip Code 80828-0456	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) C. Dustin M Olson		Transaction ID: B61A94F5277274700971 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 456		Amount of Each Disbursement this Period 2500.00
City Limon State CO Zip Code 80828-0456	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

SUBTOTAL of Disbursements This Page (optional) ► **7166.67**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Valerie L Smith		Transaction ID: BE0E7CF1072004BE1B9A Date of Disbursement 07 / 16 / 2007
Mailing Address 11 Madison St		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cambridge State MA Zip Code 02138-2313	Purpose of Disbursement salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) B. Matthew R Talancy		Transaction ID: BCFFAE637EB4A4684844 Date of Disbursement 07 / 02 / 2007
Mailing Address 445 Malden St		Amount of Each Disbursement this Period 1450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holden State MA Zip Code 01520-2115	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) C. Matthew R Talancy		Transaction ID: BA837F0E4F5E64370A68 Date of Disbursement 07 / 02 / 2007
Mailing Address 445 Malden St		Amount of Each Disbursement this Period 755.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Holden State MA Zip Code 01520-2115	Purpose of Disbursement Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

SUBTOTAL of Disbursements This Page (optional)	4205.91
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Matthew R Talancy		Transaction ID: BA7528D28B04E4750831 Date of Disbursement 07 / 16 / 2007
Mailing Address 445 Malden St		Amount of Each Disbursement this Period 1450.00
City Holden State MA Zip Code 01520-2115	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) B. Matthew R Talancy		Transaction ID: B4EF28F5510E74006934 Date of Disbursement 07 / 26 / 2007
Mailing Address 445 Malden St		Amount of Each Disbursement this Period 592.09
City Holden State MA Zip Code 01520-2115	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for travel, parking, food Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) C. Matthew R Talancy		Transaction ID: BFB4A5DA4DDA2459AA08 Date of Disbursement 08 / 01 / 2007
Mailing Address 445 Malden St		Amount of Each Disbursement this Period 1450.00
City Holden State MA Zip Code 01520-2115	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

SUBTOTAL of Disbursements This Page (optional) ▶	3492.09
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

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NAME OF COMMITTEE (In Full)
OGONOWSKI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ethan A Zorfas		Transaction ID: BCBBD48814B49403C942 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 41 Maywood Street Apt 1		Amount of Each Disbursement this Period 1101.35
City Worcester State MA Zip Code 01603-2707	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for travel, parking, food Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

Full Name (Last, First, Middle Initial) B. Ethan A Zorfas		Transaction ID: B3BC895D7A26348EE8E7 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7
Mailing Address 41 Maywood Street Apt 1		Amount of Each Disbursement this Period 1000.00
City Worcester State MA Zip Code 01603-2707	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary2007	

SUBTOTAL of Disbursements This Page (optional)

2101.35

TOTAL This Period (last page this line number only)

72093.86