

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

JOHN CHAPMAN FOR CONGRESS

ADDRESS (number and street) ▼

500 CUMMINGS CENTER

SUITE 4400

Check if different than previously reported. (ACC)

BEVERLY

MA

01915

2. **FEC IDENTIFICATION NUMBER** ▼

C C00553917

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

MA

09

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 11 / 04 / 2014 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

10 / 01 / 2014 through 10 / 15 / 2014

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 BRADLEY T CRATE

Signature of Treasurer BRADLEY T CRATE

[Electronically Filed]

Date

02 / 17 / 2015

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JOHN CHAPMAN FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	90003.08	415639.91
(b) Total Contribution Refunds (from Line 20(d))	0.00	651.08
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	90003.08	414988.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	235080.77	732188.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1042.36
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	235080.77	731145.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	44784.87	
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).....	360941.82	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JOHN CHAPMAN FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	72587.08	319185.91
(ii) Unitemized.....	9016.00	42654.00
(iii) TOTAL of contributions from individuals ▶	81603.08	361839.91
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8400.00	17300.00
(d) The Candidate.....	0.00	36500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	90003.08	415639.91
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	60000.00	360941.82
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	60000.00	360941.82
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1042.36
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)..... ▶	150003.08	777624.09

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	235080.77	732188.14
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	651.08
(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	651.08
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	235080.77	732839.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	129862.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	150003.08
25. SUBTOTAL (add Line 23 and Line 24).....	279865.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	235080.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	44784.87

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

This report is amended to clarify the 10/6/14 contribution from Barbara Lewis and to add an in-kind contribution of \$900 from Kathi Lewis. The cash on hand is not effected.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATHAN ABRAMOWITZ

Mailing Address 393 MELROSE PLACE

City SOUTH ORANGE State NJ Zip Code 07079

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

Name of Employer DUANE MORRIS LLP Occupation LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.7937

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRUCE ALEMIAN

Mailing Address PO BOX 39

City HANOVER State MA Zip Code 02339

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.7799

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RICHARD ALLEN

Mailing Address 223 EGREMONT PLAIN RD

City EGREMONT State MA Zip Code 01230

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.7806

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BOB ARMOUR

Mailing Address 703 WAVERLY ROAD

City MIDDLEBORO State MA Zip Code 02346

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

Name of Employer CAPE CLASSIC REALTY Occupation REAL ESTATE SALES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.7686

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT M AVAKIAN

Mailing Address 65 SOUTH ROAD

City BEDFORD State MA Zip Code 01730

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

Name of Employer FIRST COMMAND FINANCIAL PLANNING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
602.08

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

Transaction ID : SA11AI.8026

Amount of Each Receipt this Period
102.08
IN-KIND:CATERING

C. Full Name (Last, First, Middle Initial)
ROBERT M AVAKIAN

Mailing Address 65 SOUTH ROAD

City BEDFORD State MA Zip Code 01730

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

Name of Employer FIRST COMMAND FINANCIAL PLANNING Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1002.08

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.7744

Amount of Each Receipt this Period
400.00

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

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

752.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HAROLD BANKS

Mailing Address **PO BOX 697**

City **W FALMOUTH** State **MA** Zip Code **02574**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.7725

Amount of Each Receipt this Period
250.00

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

Mailing Address **1407 JULIA AVE**

City **MCLEAN** State **VA** Zip Code **22101**

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

Name of Employer **BAKER & HOSTETLER** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.7705

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MR. ROBERT L BEAL

Mailing Address **177 MILK STREET**

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

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

Name of Employer **RELATED BEAL** Occupation **REAL ESTATE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.7764

Amount of Each Receipt this Period
1000.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHRISTINE BERK

Mailing Address 34 MAYFLOWER LANE

City DUXBURY State MA Zip Code 02332

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11AI.7737

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
MR. THOMAS E BERK

Mailing Address 34 MAYFLOWER LANE

City DUXBURY State MA Zip Code 02332

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

Name of Employer BROWN BROTHERS HARRIMAN & CO. Occupation FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11AI.7993

Amount of Each Receipt this Period
 600.00

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL BERNSTEIN

Mailing Address 25 STONECROFT CIRCLE

City WESTON State MA Zip Code 02493

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

Name of Employer HIGHFIELDS CAPITAL Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.7916

Amount of Each Receipt this Period
 1000.00

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) CLAIRE BERTUCCI		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 50 HILL STREET		Transaction ID : SA11AI.8035
City LEXINGTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	REATTRIBUTED
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) JOHN BERTUCCI		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 50 HILL STREET		Transaction ID : SA11AI.7810
City LEXINGTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer RETIRED	Occupation RETIRED	SEE REATTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) JOHN BERTUCCI		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 50 HILL STREET		Transaction ID : SA11AI.8034
City LEXINGTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00
Name of Employer RETIRED	Occupation RETIRED	REATTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MATTHEW BOTEIN

Mailing Address 204 WARREN STREET

City State Zip Code
BROOKLINE MA 02445

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

Name of Employer Occupation
BLACKROCK INC. INVESTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.7696

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
SETH BRENNAN

Mailing Address 85 ESSEX RD

City State Zip Code
CHESTNUT HILL MA 02467

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

Name of Employer Occupation
LINCOLN PEAK INVESTMENTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.7943

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. JOHN S BROWNSTEIN

Mailing Address 55 MONMOUTH ST

City State Zip Code
BROOKLINE MA 02446

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

Name of Employer Occupation
BOSTON CHILDRENS HOSPITAL PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.7690

Amount of Each Receipt this Period
500.00

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

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

4100.00

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

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

FOR LINE NUMBER: PAGE 12 OF 77
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NORMAN BUCK

Mailing Address **2 JUNIPER ROAD**

City **ROWAYTON** State **CT** Zip Code **06853**

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

Name of Employer **SELF - EMPLOYED** Occupation **INVESTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
10 / 12 / 2014

Transaction ID : SA11AI.7968

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
NORMA BUCKLEY

Mailing Address **6607 LAKE WOODLANDS DR. #433**

City **THE WOODLANDS** State **TX** Zip Code **77382**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
10 / 03 / 2014

Transaction ID : SA11AI.7889

Amount of Each Receipt this Period
500.00

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

Mailing Address **15 HUBBARD PARK ROAD**

City **CAMBRIDGE** State **MA** Zip Code **02138**

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

Name of Employer **ATHENAHEALTH** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
10 / 08 / 2014

Transaction ID : SA11AI.7723

Amount of Each Receipt this Period
2600.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. PATRICK J CALLAHAN

Mailing Address 80 1ST ST

City State Zip Code
BRIDGEWATER MA 02324

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CALLAHAN CONSTRUCTION OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7936

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RICHARD CANASTRA

Mailing Address 747 HIXVILLE RD

City State Zip Code
DARTMOUTH MA 02747

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WHALING CITY SEAFOOD DISPLAY AUCTION EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7996

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
GORDON CARR

Mailing Address 23 HIGH STREET

City State Zip Code
HINGHAM MA 02043

FEC ID number of contributing federal political committee.

Name of Employer Occupation
GMC STRATEGIES CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7894

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NED CHAPMAN

Mailing Address **2514 LAKE FRONT CIRCLE**

City **THE WOODLANDS** State **TX** Zip Code **77380**

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

Name of Employer **ENERGY SECTOR** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.7812

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
FREDERIC M CLIFFORD

Mailing Address **P.O. BOX 188A, SHS**

City **DUXBURY** State **MA** Zip Code **02331**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.7839

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
FREDERIC M CLIFFORD

Mailing Address **P.O. BOX 188A, SHS**

City **DUXBURY** State **MA** Zip Code **02331**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.7669

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MELVIN E CLOUSE

Mailing Address 59 MONMOUTH STREET

City State Zip Code
BROOKLINE MA 02446

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.7903

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. THEODORE CUTLER

Mailing Address 33 COMMONWEALTH AVE

City State Zip Code
BOSTON MA 02116

FEC ID number of contributing federal political committee.

Name of Employer Occupation
C.W.V. INTERNATIONAL PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.7747

Amount of Each Receipt this Period

EXCESS TO BE REFUNDED

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

Mailing Address PO BOX 2339

City State Zip Code
DUXBURY MA 02331

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11A1.7947

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

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

Mailing Address 63 OLD ELM WAY

City HOPKINTON State MA Zip Code 01748

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

Name of Employer DAY ENTERPRISES INC. Occupation OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.7855

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
RICHARD DENNING

Mailing Address 23 ELM ST.

City WELLESLEY State MA Zip Code 02481

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

Name of Employer SELF-EMPLOYED Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.7883

Amount of Each Receipt this Period
1000.00

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

Mailing Address 580 MAIN ST

City NORWELL State MA Zip Code 02061

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

Name of Employer BROWN BROTHERS HARRIMAN & CO Occupation FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.7819

Amount of Each Receipt this Period
2600.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL DUFFANY

Mailing Address 59 PATTEE RD

City State Zip Code
E. FALMOUTH MA 02536

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

Name of Employer Occupation
M. DUFFANY BUILDERS INC. BUILDING CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.7928

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JAMES DUNN

Mailing Address 71 PRINCE STREET

City State Zip Code
BOSTON MA 02113

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

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

Transaction ID : SA11AI.7721

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
REUBEN EAVES

Mailing Address 975 MEMORIAL DR., #804

City State Zip Code
CAMBRIDGE MA 02138

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

Name of Employer Occupation
C&S ADVISORS, INC. INVESTMENT MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.7751

Amount of Each Receipt this Period
500.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. DANIEL FARB

Mailing Address 21 PUDDINGSTONE LN

City State Zip Code
NEWTON MA 02459

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HIGHFIELDS CAPITAL INVESTMENT ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7694

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MR. PETER S FARNUM

Mailing Address 256 KING CAESAR RD

City State Zip Code
DUXBURY MA 02332

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LETTER SENT PER BEST EFFORTS LETTER SENT PER BEST EFFORTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7668

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
BRIAN FITZSIMONS

Mailing Address 155 SAVIN HILL AVE

City State Zip Code
DORCHESTER MA 02125

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DEC-TAM PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.7802

Amount of Each Receipt this Period

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETER FLEISS

Mailing Address 76 WALNUT PLACE

City State Zip Code
BROOKLINE MA 02445

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

Name of Employer Occupation
HIGHFIELDS CAPITAL FINANCE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11AI.7939

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DAVID FOY

Mailing Address 100 TEMPLE ST

City State Zip Code
NEW HAVEN CT 06510

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

Name of Employer Occupation
WHITE MOUNTAINS CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.7859

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
MAURA D GARVEY

Mailing Address PO BOX 2836

City State Zip Code
DUXBURY MA 02331

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

Name of Employer Occupation
J.R. CAMBELL & ASSOCIATES DIRECTOR OF MARKET RESEARCH

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
860.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.7666

Amount of Each Receipt this Period
200.00

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

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

Mailing Address 169 COMMONWEALTH AVE.

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
CORIANDER DEVELOPMENT, LLC REAL ESTATE DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.7786

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
STEVE GOLDMAN

Mailing Address 67 WILKEY WAY

City State Zip Code
CHATHAM MA 02633

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.7948

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEVEN A GOLDMAN

Mailing Address 67 WILKEY WAY

City State Zip Code
CHATHAM MA 02633

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.7836

Amount of Each Receipt this Period
100.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

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

Mailing Address 78 TILIPI RUN

City CHATHAM State MA Zip Code 02633

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 03 / 2014

Transaction ID : SA11AI.7885

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 78 TILIPI RUN

City CHATHAM State MA Zip Code 02633

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.7867

Amount of Each Receipt this Period
 1000.00

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

Mailing Address P.O.BOX 132

City WABAN State MA Zip Code 02468

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

Name of Employer SELF-EMPLOYED Occupation MEDIATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.7684

Amount of Each Receipt this Period
 100.00

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MS. JUDITH HOYT		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 600 RIOMAR DR APT 5 City State Zip Code VERO BEACH FL 32963		Transaction ID : SA11AI.7763	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Occupation LETTER SENT PER BEST EFFORTS LETTER SENT PER BEST EFFORTS			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. MS. BETH HYNES		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address PO BOX 365 City State Zip Code KINGSTON MA 02364		Transaction ID : SA11AI.7975	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Occupation LETTER SENT PER BEST EFFORTS LETTER SENT PER BEST EFFORTS			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. MR. KEVIN E HYNES		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 31 FOREST STREET PO BOX 365 City State Zip Code KINGSTON MA 02364		Transaction ID : SA11AI.7973	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Occupation SELF-EMPLOYED RESTAURANTEUR			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KATHLEEN IX

Mailing Address **54 GREYLOCK ROAD**

City **WELLESLEY** State **MA** Zip Code **02481**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.7873

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MR. FRANCES K. JOSEPH

Mailing Address **173 KENDRICK RD**

City **NORTH CHATHAM** State **MA** Zip Code **02650**

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

Name of Employer **LETTER SENT PER BEST EFFORTS** Occupation **LETTER SENT PER BEST EFFORTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.7749

Amount of Each Receipt this Period
500.00

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

Mailing Address **32 BISSON STREET**

City **BEVERLY** State **MA** Zip Code **01915**

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

Name of Employer **COMMONWEALTH AUTOMOBILE REINSURE** Occupation **INSURANCE EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.7660

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GARY P KEARNEY

Mailing Address **319 LONGWOOD AVE**

City **BOSTON** State **MA** Zip Code **02115**

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

Name of Employer **LONGWOOD UROLOGY** Occupation **DOCTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.7677

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KEN KERN

Mailing Address **1195 BEACON STREET**

City **BROOKLINE** State **MA** Zip Code **02446**

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

Name of Employer **CB RICHARD ELLIS - N.E. PARTNERS LP** Occupation **REAL ESTATE PROPERTY MANAGEMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

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

Transaction ID : SA11AI.7817

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
MATT KESWICK

Mailing Address **76 BUCKINGHAM ROAD**

City **MILTON** State **MA** Zip Code **02186**

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

Name of Employer **KESWICK LLC** Occupation **CONSULTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.7791

Amount of Each Receipt this Period
200.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 25 OF 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. SETH KLARMAN

Mailing Address 329 HEATH ST

City State Zip Code
CHESTNUT HILL MA 02467

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

Name of Employer Occupation
THE BAUPOST GROUP CEO/PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.7698

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GEORGE KROUSE

Mailing Address 26041 MANDEVILLA DRIVE

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.7857

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
COLLEEN LABOSSIÈRE

Mailing Address 60 NOBLE STREET, UNIT 2

City State Zip Code
WEST NEWTON MA 24654

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

Name of Employer Occupation
FIDELITY INVESTMENTS COMMUNICATIONS DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.7848

Amount of Each Receipt this Period
100.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KENNETH LENCH

Mailing Address 4601 N PARK AVE #917

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
KIRKLAND & ELLIS ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11AI.7707

Amount of Each Receipt this Period
250.00

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

Mailing Address 87 PINCKNEY ST.

City State Zip Code
BOSTON MA 02114

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.8165

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KATHI LEWIS

Mailing Address 5 BEACH ROAD

City State Zip Code
ORLEANS MA 02653

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

Name of Employer Occupation
BARLEY NECK INN OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.8167

Amount of Each Receipt this Period
900.00
IN-KIND:CATERING SERVICES

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

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

2150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. EMILY D MACNAUGHT

Mailing Address **PO BOX 2233**

City **DUXBURY** State **MA** Zip Code **02331**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.7921

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JAQUELYN MEANEY

Mailing Address **45 BITTERSWEET LANE**

City **NORTH CHATHAM** State **MA** Zip Code **02650**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.7679

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAY MILLER

Mailing Address **175 CHESTER STREET**

City **NORTH FALMOUTH** State **MA** Zip Code **02556**

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

Name of Employer **COURTYARD RESTAURANT** Occupation **OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.8023

Amount of Each Receipt this Period
210.00
 IN-KIND:CATERING

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

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

960.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR. DANIEL R MURPHY		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 21 CONSTANCE WAY		Transaction ID : SA11AI.7972	
City NORTH ATTLEBORO	State MA	Zip Code 02760	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer VERITY CONSULTING COMPANY	Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. CHARLES MYERS		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 281 COUNTRY DRIVE		Transaction ID : SA11AI.7778	
City WESTON	State MA	Zip Code 02493	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer FMR LLC	Occupation PORTFOLIO MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. PHYLLIS NICHOLAS		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 40 HOWARD ROAD		Transaction ID : SA11AI.7908	
City GREENWICH	State CT	Zip Code 06831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PHYLLIS NICHOLAS

Mailing Address 40 HOWARD ROAD

City GREENWICH State CT Zip Code 06831

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11AI.8001

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
WILLIAM O'BRIEN

Mailing Address 349 TONSET ROAD

City ORLEANS State MA Zip Code 02653

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

Name of Employer **SELF-EMPLOYED** Occupation **INDEPENDENT BOARD MEMBER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.7861

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GEORGE PERRETT

Mailing Address 3852 HATHAWAY ROAD

City KALAMAZOO State MI Zip Code 49009

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

Name of Employer **BUTLER, TOWESON & PAYSENO -- PLLC** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.7907

Amount of Each Receipt this Period
250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CRAIG PESKIN

Mailing Address 58 MONMOUTH ST

City State Zip Code
BROOKLINE MA 02446

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

Name of Employer Occupation
HIGHFIELDS CAPITAL ANALYST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.7695

Amount of Each Receipt this Period
2600.00

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

Mailing Address 7527 HAMPDEN LANE

City State Zip Code
BETHESDA MD 20814

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

Name of Employer Occupation
COVINGTON & BURLING LLP ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

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

Transaction ID : SA11AI.7854

Amount of Each Receipt this Period
500.00

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

Mailing Address 7527 HAMPDEN LANE

City State Zip Code
BETHESDA MD 20814

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

Name of Employer Occupation
COVINGTON & BURLING LLP ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

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

Transaction ID : SA11AI.7655

Amount of Each Receipt this Period
1000.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JEROME POWELL		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 290 KINGSTOWN WAY APT 176		Transaction ID : SA11AI.8003	
City DUXBURY	State MA	Zip Code 02332	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. MR. ROBERT PREZIOSO		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 207 PLYMOUTH STREET		Transaction ID : SA11AI.7656	
City PEMBROKE	State MA	Zip Code 02359	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer LIBERTY MUTUAL INSURANCE	Occupation COMPLIANCE DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 638.02		

Full Name (Last, First, Middle Initial) C. MR. DANIEL J QUIRK		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address PO BOX 850972		Transaction ID : SA11AI.7781	
City BRAINTREE	State MA	Zip Code 02185	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer QUIRK AUTO COMPANIES	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOUISE REDFIELD

Mailing Address **246 DEER MEADOW LANE**

City **CHATHAM** State **MA** Zip Code **02633**

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

Name of Employer **TOWN OF CHATHAM** Occupation **TREASURER/COLLECTOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.8012

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
ALAN REED

Mailing Address **69 BANK ST**

City **NEW YORK** State **NY** Zip Code **10014**

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

Name of Employer **E D & F MAN CAPITAL MARKETS INC.** Occupation **ATTORNEY**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.7718

Amount of Each Receipt this Period
250.00

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

Mailing Address **66 CHASE ST.**

City **WEST HARWICH** State **MA** Zip Code **02671**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11AI.7844

Amount of Each Receipt this Period
250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JIM ROGERS

Mailing Address 2589 ESCADA DRIVE

City: NAPLES State: FL Zip Code: 34109

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

Name of Employer: ISS MANAGEMENT Occupation: PE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 07 / 2014

Transaction ID : SA11AI.7774

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
TIM SAUNDERS

Mailing Address 249 VALLEY ROAD

City: COS COB State: CT Zip Code: 06807

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

Name of Employer: GOLDMAN SACHS Occupation: LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 08 / 2014

Transaction ID : SA11AI.7788

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARTIN SHULKIN

Mailing Address 1003 WISTERIA WAY

City: WAYLAND State: MA Zip Code: 01778

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

Name of Employer: DUANE MORRIS LLP Occupation: PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 14 / 2014

Transaction ID : SA11AI.7784

Amount of Each Receipt this Period: 500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HARDWICK SIMMONS

Mailing Address 83 HAMMETT'S COVE ROAD

City State Zip Code
MARION MA 02738

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 12 / 2014

Transaction ID : SA11AI.7990

Amount of Each Receipt this Period
500.00

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

Mailing Address 81 BEACON ST. UNIT 5

City State Zip Code
BOSTON MA 02108

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.7821

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RICHARD SNYDER

Mailing Address 40 PEARL ROAD

City State Zip Code
NAHANT MA 01908

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

Name of Employer Occupation
TRC COMPANIES, INC. CHAIRMAN AND CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11AI.7917

Amount of Each Receipt this Period
100.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
YONGJUN SONG

Mailing Address **PO BOX 1064**

City **BREWSTER** State **MA** Zip Code **02631**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11A1.7945

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SCOTT STEPHENS

Mailing Address **198 PINE STREET**

City **NORWELL** State **MA** Zip Code **02061**

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

Name of Employer **LETTER SENT PER BEST EFFORTS** Occupation **LETTER SENT PER BEST EFFORTS**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11A1.7871

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MS. JENNIFER STIER

Mailing Address **160 CHESTNUT ST**

City **WEST NEWTON** State **MA** Zip Code **02465**

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

Name of Employer **HIGHFIELDS CAPITAL** Occupation **FINANCIAL SERVICES**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11A1.7692

Amount of Each Receipt this Period
2600.00

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES STIMSON

Mailing Address 5950 RIVER RIDGE ROAD

City State Zip Code
FREDERICK MD 21704

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

Name of Employer Occupation
THE HERITAGE FOUNDATION ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11A1.7946

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
KEVIN A TEDESCHI

Mailing Address 20 HERON WAY

City State Zip Code
DUXBURY MA 02332

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11A1.7776

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PHYLLIS TROIA

Mailing Address 627 LONG POND RD

City State Zip Code
PLYMOUTH MA 02360

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

Name of Employer Occupation
BCBSMA PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

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

Transaction ID : SA11A1.7988

Amount of Each Receipt this Period
25.00

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

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

1275.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROBERT TROW		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 8584 VALHALLA DR		Transaction ID : SA11AI.7902	
City DELRAY BEACH	State FL	Zip Code 33446	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer DERMACARE USA	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) B. ERNEST WALEN		Date of Receipt M M / D D / Y Y Y Y 10 / 07 / 2014	
Mailing Address 222 FARMINGTON RD		Transaction ID : SA11AI.7865	
City LONGMEADOW	State MA	Zip Code 01106	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer HEATBATH CORPORATION	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. CAROLYN WALKER		Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014	
Mailing Address 21 MADISON DRIVE		Transaction ID : SA11AI.7714	
City EAST SANDWICH	State MA	Zip Code 02537	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer LETTER SENT PER BEST EFFORTS	Occupation LETTER SENT PER BEST EFFORTS		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LAUREL WELCH

Mailing Address **49 PARKER ROAD**

City **OSTERVILLE** State **MA** Zip Code **02655**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11AI.7898

Amount of Each Receipt this Period
100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100.00

72587.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AETNA INC. POLITICAL ACTION COMMITTEE

Mailing Address 20 F STREET, N.W.
SUITE 350

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00181826

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11C.8022

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
DUANE MORRIS GOVERNMENT COMMITTEE

Mailing Address 30 SOUTH 17TH STREET

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2014

Transaction ID : SA11C.8020

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
FALMOUTH REPUBLICAN TOWN COMMITTEE

Mailing Address PO BOX 459

City FALMOUTH State MA Zip Code 02541

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11C.7646

Amount of Each Receipt this Period
500.00

CONTRIBUTIONS FROM FEDERALLY PERMISSIBLE FUNDS

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 40 OF 77
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MOTORCYCLE RIDERS FOUNDATION

Mailing Address 1325 G ST NW
SUITE 500

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11C.7648

Amount of Each Receipt this Period
 500.00
TO BE REFUNDED

B. Full Name (Last, First, Middle Initial)
ROCHESTER REPUBLICAN TOWN COMMITTEE

Mailing Address 570 NORTH AVE

City ROCHESTER State MA Zip Code 02770

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA11C.7644

Amount of Each Receipt this Period
 500.00
CONTRIBUTIONS FROM FEDERALLY PERMISSIBLE FUNDS

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

8000.00

**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 42 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS COMPANY		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 200 VESEY ST		Amount of Each Disbursement this Period 19963.36 Transaction ID : SB17.7543
City NEW YORK	State NY	
Zip Code 10080	Purpose of Disbursement CREDIT CARD PAYMENT:SEE MEMO ENTRIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BELLWETHER CONSULTING GROUP		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1150 Hungryneck Blvd. Suite C-336		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.7546
City Mount Pleasant	State SC	
Zip Code 29464	Purpose of Disbursement RESEARCH CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BLUEFINS SUSHI & SAKI BAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 513 MAIN ST		Amount of Each Disbursement this Period 86.76 Transaction ID : SB17.7597 [MEMO ITEM]
City CHATHAM	State MA	
Zip Code 02633	Purpose of Disbursement CREDIT CARD PAYMENT: MEETING EXPENSE: MEALS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20963.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BLUEFINS SUSHI & SAKI BAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 513 MAIN ST		Amount of Each Disbursement this Period 117.37
City CHATHAM State MA Zip Code 02633	Purpose of Disbursement CREDIT CARD PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.7628 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BOSTON PRODUCTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 290 VANDERBILT AVENUE SUITE 1		Amount of Each Disbursement this Period 4750.00
City NORWOOD State MA Zip Code 02062	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name	Category/Type	Transaction ID : SB17.7547
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BOTELLO LUMBER COMPANY		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 26 BOWDOIN RD		Amount of Each Disbursement this Period 47.65
City MASHPEE State MA Zip Code 02649	Purpose of Disbursement CREDIT CARD PAYMENT: EVENT STAGING EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.7630 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 125 Saint Paul Street		Amount of Each Disbursement this Period 8143.36 Transaction ID : SB17.7549
City Brookline	State MA	
Zip Code 02446	Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS:SIGNAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CASK N FLAGON		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 804 PLAIN ST		Amount of Each Disbursement this Period 45.51 Transaction ID : SB17.7588 [MEMO ITEM]
City MARSHFIELD	State MA	
Zip Code 02050	Purpose of Disbursement CREDIT CARD PAYMENT: MEETING EXPENSE: MEALS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CENTRAL PARKING		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 10 SAINT JAMES AVE		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.7576 [MEMO ITEM]
City BOSTON	State MA	
Zip Code 02116	Purpose of Disbursement CREDIT CARD PAYMENT: PARKING SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8143.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHASE CANOPY COMPANY, INC.			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 4 NICKY'S LANE			Amount of Each Disbursement this Period 53.13	
City MATTAPOISETT	State MA	Zip Code 02739	Transaction ID : SB17.7626	
Purpose of Disbursement CREDIT CARD PAYMENT: EVENT STAGING EXPENSE		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CHILI'S			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 2 PLAZA WAY			Amount of Each Disbursement this Period 37.08	
City PLYMOUTH	State MA	Zip Code 02360	Transaction ID : SB17.7594	
Purpose of Disbursement CREDIT CARD PAYMENT: MEETING EXPENSE: MEALS		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. COMCAST			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 387 W BROADWAY			Amount of Each Disbursement this Period 174.33	
City BOSTON	State MA	Zip Code 02127	Transaction ID : SB17.7613	
Purpose of Disbursement CREDIT CARD PAYMENT: BROADBAND SERVICES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CUMBERLAND FARMS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 20 MAIN STREET		Amount of Each Disbursement this Period 71.67
City TOPSFIELD	State MA	
Zip Code 01983	Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.7565 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CUMBERLAND FARMS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 20 MAIN STREET		Amount of Each Disbursement this Period 77.32
City TOPSFIELD	State MA	
Zip Code 01983	Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.7603 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CUMBERLAND FARMS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 20 MAIN STREET		Amount of Each Disbursement this Period 78.23
City TOPSFIELD	State MA	
Zip Code 01983	Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.7627 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CUMBERLAND FARMS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 20 MAIN STREET		Amount of Each Disbursement this Period 63.32
City TOPSFIELD	State MA	
Zip Code 01983	Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.7635
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DAN'L WEBSTER INN		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 149 MAIN ST		Amount of Each Disbursement this Period 37.03
City SANDWICH	State MA	
Zip Code 02563	Purpose of Disbursement CREDIT CARD PAYMENT: MEETING EXPENSE: MEALS	Transaction ID : SB17.7580
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DUNKIN DONUTS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1050 MASSACHUSETTS 28		Amount of Each Disbursement this Period 22.48
City SOUTH YARMOUTH	State MA	
Zip Code 02664	Purpose of Disbursement CREDIT CARD PAYMENT: MEETING EXPENSE: MEALS	Transaction ID : SB17.7604
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EAST COAST PRINTING		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 2 KEITH WAY		Amount of Each Disbursement this Period 4946.56
City HINGHAM	State MA	
Zip Code 02043	Purpose of Disbursement CREDIT CARD PAYMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.7578 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EAST COAST PRINTING		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 2 KEITH WAY		Amount of Each Disbursement this Period 5127.19
City HINGHAM	State MA	
Zip Code 02043	Purpose of Disbursement CREDIT CARD PAYMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.7609 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EAST COAST PRINTING		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 2 KEITH WAY		Amount of Each Disbursement this Period 3660.61
City HINGHAM	State MA	
Zip Code 02043	Purpose of Disbursement CREDIT CARD PAYMENT: PRINTING & DESIGN SERVICES	Transaction ID : SB17.7636 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EPAY BUSINESS SOLUTIONS, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 27A MIDSTATE DRIVE		Amount of Each Disbursement this Period 543.52
City AUBURN State MA Zip Code 01501	Purpose of Disbursement PAYROLL SERVICES/TAX	
Candidate Name	Category/Type	Transaction ID : SB17.7542
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. EXXONMOBIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 145 CHURCH ST		Amount of Each Disbursement this Period 67.02
City PEMBROKE State MA Zip Code 02359	Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	Transaction ID : SB17.7585
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1601 WILLOW ROAD		Amount of Each Disbursement this Period 500.26
City MENLO PARK State CA Zip Code 94025	Purpose of Disbursement CREDIT CARD PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.7598
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	543.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1601 WILLOW ROAD		Amount of Each Disbursement this Period 90.11
City MENLO PARK State CA Zip Code 94025	Category/Type	
Purpose of Disbursement CREDIT CARD PAYMENT: ONLINE ADVERTISING		Transaction ID : SB17.7602 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GRAVIS MARKETING, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 910 BELLE AVE #1180		Amount of Each Disbursement this Period 1500.00
City WINTER SPRINGS State FL Zip Code 32708	Category/Type	
Purpose of Disbursement CREDIT CARD PAYMENT: STRATEGY CONSULTING		Transaction ID : SB17.7590 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GRAVIS MARKETING, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 910 BELLE AVE #1180		Amount of Each Disbursement this Period 450.00
City WINTER SPRINGS State FL Zip Code 32708	Category/Type	
Purpose of Disbursement CREDIT CARD PAYMENT: STRATEGY CONSULTING		Transaction ID : SB17.7618 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HAYMAN REALTY TRUST			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO BOX 2128			Amount of Each Disbursement this Period 2400.00 Transaction ID : SB17.7557
City HYANNIS	State MA	Zip Code 02601	
Purpose of Disbursement RENT		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. KATHI LEWIS			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 5 BEACH ROAD			Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.8169
City ORLEANS	State MA	Zip Code 02653	
Purpose of Disbursement IN-KIND:CATERING SERVICES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. MAILCHIMP EMAIL MARKETING			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 512 MEANS ST NW #404			Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.7582 [MEMO ITEM]
City ATLANTA	State GA	Zip Code 30318	
Purpose of Disbursement CREDIT CARD PAYMENT:ONLINE ADVERTISING		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAILCHIMP EMAIL MARKETING		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 512 MEANS ST NW #404		Amount of Each Disbursement this Period 60.00
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement CREDIT CARD PAYMENT:ONLINE ADVERTISING	
Candidate Name		Transaction ID : SB17.7623 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. JAY MILLER		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 175 CHESTER STREET		Amount of Each Disbursement this Period 210.00
City NORTH FALMOUTH State MA Zip Code 02556	Purpose of Disbursement IN-KIND:CATERING	
Candidate Name		Transaction ID : SB17.8025
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MULTI MEDIA SERVICES, INCORPORATED		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 915 KING STREET 2ND FLOOR		Amount of Each Disbursement this Period 30000.00
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PLACED MEDIA	
Candidate Name		Transaction ID : SB17.7558
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	30210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MULTI MEDIA SERVICES, INCORPORATED		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 915 KING STREET 2ND FLOOR		Amount of Each Disbursement this Period 32500.00 Transaction ID : SB17.7559
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MULTI MEDIA SERVICES, INCORPORATED		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 915 KING STREET 2ND FLOOR		Amount of Each Disbursement this Period 62500.00 Transaction ID : SB17.7560
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MULTI MEDIA SERVICES, INCORPORATED		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 915 KING STREET 2ND FLOOR		Amount of Each Disbursement this Period 62500.00 Transaction ID : SB17.7561
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement PLACED MEDIA	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	157500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KEVIN O'SHEA			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 34 HOLLIS STREET			Amount of Each Disbursement this Period 1875.00	
City MILTON	State MA	Zip Code 02186	Transaction ID : SB17.7539	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. ROBERT OLIVER			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 20 BRADFORD ROAD			Amount of Each Disbursement this Period 1250.00	
City DUXBURY	State MA	Zip Code 02332	Transaction ID : SB17.7541	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. PATE'S RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 1260 MAIN ST			Amount of Each Disbursement this Period 195.90	
City CHATHAM	State MA	Zip Code 02633	Transaction ID : SB17.7622	
Purpose of Disbursement CREDIT CARD PAYMENT: MEETING EXPENSE: MEALS		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PATE'S RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1260 MAIN ST		Amount of Each Disbursement this Period 848.71
City CHATHAM State MA Zip Code 02633	Purpose of Disbursement CREDIT CARD PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.7631 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period 30.00
City SAN JOSE State CA Zip Code 95131	Purpose of Disbursement CREDIT CARD PAYMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.7569 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period 15.00
City SAN JOSE State CA Zip Code 95131	Purpose of Disbursement CREDIT CARD PAYMENT: EVENT REGISTRATION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.7583 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period 15.00
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CREDIT CARD PAYMENT: EVENT REGISTRATION FEE	Transaction ID : SB17.7586
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period 70.00
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CREDIT CARD PAYMENT: EVENT REGISTRATION FEE	Transaction ID : SB17.7605
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 2211 N 1ST ST		Amount of Each Disbursement this Period 20.00
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement CREDIT CARD PAYMENT: EVENT REGISTRATION FEE	Transaction ID : SB17.7640
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PERSONAL CONCEPTS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 3200 E GUASTI RD SUITE 300		Amount of Each Disbursement this Period 115.90
City ONTARIO State CA Zip Code 91761	Purpose of Disbursement CREDIT CARD PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.7571 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PERSONAL CONCEPTS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 3200 E GUASTI RD SUITE 300		Amount of Each Disbursement this Period 38.90
City ONTARIO State CA Zip Code 91761	Purpose of Disbursement CREDIT CARD PAYMENT:OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.7572 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PERSY'S PLACE		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 35A MAIN ST		Amount of Each Disbursement this Period 44.92
City PLYMOUTH State MA Zip Code 02360	Purpose of Disbursement CREDIT CARD PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.7615 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PILGRIM PARKING		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 101 ARCH ST #B210		Amount of Each Disbursement this Period 36.00
City BOSTON	State MA Zip Code 02110	
Purpose of Disbursement CREDIT CARD PAYMENT: PARKING SERVICES		Transaction ID : SB17.7600
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 144 2ND STREET 1ST FLOOR		Amount of Each Disbursement this Period 200.00
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement CREDIT CARD PAYMENT: EVENT REGISTRATION FEE		Transaction ID : SB17.7616
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PLYMOUTH AREA CHAMBER OF COMMERCE		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 134 COURT ST		Amount of Each Disbursement this Period 70.00
City PLYMOUTH	State MA Zip Code 02360	
Purpose of Disbursement CREDIT CARD PAYMENT: EVENT REGISTRATION FEE		Transaction ID : SB17.7638
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PLYMOUTH HOUSE OF PIZZA			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 50 LONG POND ROAD			Amount of Each Disbursement this Period 39.27	
City PLYMOUTH	State MA	Zip Code 02360	Transaction ID : SB17.7632	
Purpose of Disbursement CREDIT CARD PAYMENT: MEETING EXPENSE: MEALS			[MEMO ITEM]	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014	
Mailing Address 500 CUMMINGS CENTER SUITE 4400			Amount of Each Disbursement this Period 2402.50	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB17.7562	
Purpose of Disbursement COMPLIANCE CONSULTING			[MEMO ITEM]	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. RITE AID			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 824 PURCHASE ST			Amount of Each Disbursement this Period 5.73	
City NEW BEDFORD	State MA	Zip Code 02740	Transaction ID : SB17.7567	
Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FOOD			[MEMO ITEM]	
Candidate Name			Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2402.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 332 CHESTNUT HILL AVENUE		Amount of Each Disbursement this Period 99.99 Transaction ID : SB17.7595
City BRIGHTON State MA Zip Code 02135	Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 332 CHESTNUT HILL AVENUE		Amount of Each Disbursement this Period 99.99 Transaction ID : SB17.7601
City BRIGHTON State MA Zip Code 02135	Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 332 CHESTNUT HILL AVENUE		Amount of Each Disbursement this Period 99.99 Transaction ID : SB17.7617
City BRIGHTON State MA Zip Code 02135	Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	99.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 332 CHESTNUT HILL AVENUE		Amount of Each Disbursement this Period 78.11
City BRIGHTON	State MA Zip Code 02135	
Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL		Transaction ID : SB17.7624
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 332 CHESTNUT HILL AVENUE		Amount of Each Disbursement this Period 47.60
City BRIGHTON	State MA Zip Code 02135	
Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL		Transaction ID : SB17.7633
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 332 CHESTNUT HILL AVENUE		Amount of Each Disbursement this Period 66.39
City BRIGHTON	State MA Zip Code 02135	
Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL		Transaction ID : SB17.7639
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAMPS.COM			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 1900 E GRAND AVE			Amount of Each Disbursement this Period 17.99	
City EL SEGUNDO	State CA	Zip Code 90245	Transaction ID : SB17.7620	
Purpose of Disbursement CREDIT CARD PAYMENT: POSTAGE		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 364 BARNSTABLE ROAD			Amount of Each Disbursement this Period 12.21	
City HYANNIS	State MA	Zip Code 02601	Transaction ID : SB17.7574	
Purpose of Disbursement CREDIT CARD PAYMENT: OFFICE SUPPLIES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 364 BARNSTABLE ROAD			Amount of Each Disbursement this Period 38.76	
City HYANNIS	State MA	Zip Code 02601	Transaction ID : SB17.7591	
Purpose of Disbursement CREDIT CARD PAYMENT: OFFICE SUPPLIES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 364 BARNSTABLE ROAD		Amount of Each Disbursement this Period 33.99
City HYANNIS	State MA	
Zip Code 02601	Purpose of Disbursement CREDIT CARD PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.7592
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 364 BARNSTABLE ROAD		Amount of Each Disbursement this Period 30.80
City HYANNIS	State MA	
Zip Code 02601	Purpose of Disbursement CREDIT CARD PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.7608
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 364 BARNSTABLE ROAD		Amount of Each Disbursement this Period 31.86
City HYANNIS	State MA	
Zip Code 02601	Purpose of Disbursement CREDIT CARD PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.7611
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 364 BARNSTABLE ROAD		Amount of Each Disbursement this Period 36.65
City HYANNIS State MA Zip Code 02601	Purpose of Disbursement CREDIT CARD PAYMENT: OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.7612 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 364 BARNSTABLE ROAD		Amount of Each Disbursement this Period 13.79
City HYANNIS State MA Zip Code 02601	Purpose of Disbursement CREDIT CARD PAYMENT: OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.7634 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1 DODGE STREET		Amount of Each Disbursement this Period 84.70
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement CREDIT CARD PAYMENT: TRAVEL: FUEL	
Candidate Name		Transaction ID : SB17.7577 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 31 MILK STREET		Amount of Each Disbursement this Period 50.00
City BOSTON	State MA Zip Code 02196	
Purpose of Disbursement CREDIT CARD PAYMENT: POSTAGE		Transaction ID : SB17.7573
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 31 MILK STREET		Amount of Each Disbursement this Period 50.00
City BOSTON	State MA Zip Code 02196	
Purpose of Disbursement CREDIT CARD PAYMENT: POSTAGE		Transaction ID : SB17.7606
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 31 MILK STREET		Amount of Each Disbursement this Period 50.00
City BOSTON	State MA Zip Code 02196	
Purpose of Disbursement CREDIT CARD PAYMENT: POSTAGE		Transaction ID : SB17.7607
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 31 MILK STREET		Amount of Each Disbursement this Period 25.00
City BOSTON	State MA Zip Code 02196	
Purpose of Disbursement CREDIT CARD PAYMENT: POSTAGE		Transaction ID : SB17.7610
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. VINCE VOCI		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 391 CURRIER ROAD		Amount of Each Disbursement this Period 3500.00
City EAST FALMOUTH	State MA Zip Code 02536	
Purpose of Disbursement PAYROLL		Transaction ID : SB17.7540
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	234437.74

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4150

JOHN CHAPMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN C. CHAPMAN

Primary

General

Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4000.00

0.00

4000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 / D 07 / Y 2013

M M / D D / Y 12/31/2014

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

4000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4151

JOHN CHAPMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN C. CHAPMAN

Primary

General

Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

8333.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8333.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 23 D /

Y 2013 Y

M M /

D D /

Y 12/31/2014 Y

0.00 % (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

8333.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4152

JOHN CHAPMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN C. CHAPMAN

Primary

General

Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

125.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

125.00

TERMS

Date Incurred

M 12 / D 26 / Y 2013

Date Due

M / D / Y 12/31/2014

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

125.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOHN CHAPMAN FOR CONGRESS** Transaction ID : **SC/10.4153**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
JOHN C. CHAPMAN Primary
 Mailing Address 81 HOLWAY STREET General
 Other (specify) ▼

City State ZIP Code
 CHATHAM MA 02633

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125.00	0.00	125.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 27 / Y 2013	M / D / Y 12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	125.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOHN CHAPMAN FOR CONGRESS** Transaction ID : **SC/10.4149**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
JOHN C. CHAPMAN Primary
 Mailing Address 81 HOLWAY STREET General
 Other (specify) ▼

City State ZIP Code
 CHATHAM MA 02633

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS

Date Incurred M 12 / D 30 / Y 2013	Date Due M / D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	100000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **JOHN CHAPMAN FOR CONGRESS** Transaction ID : **SC/10.5879**

LOAN SOURCE Full Name (Last, First, Middle Initial) **JOHN C. CHAPMAN** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
81 HOLWAY STREET

City State ZIP Code
CHATHAM MA 02633

Original Amount of Loan 2500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500.00
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TERMS

Date Incurred: M 06 / D 20 / Y 2014 Date Due: M / D / Y 12/31/2014 Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 2500.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5881

JOHN CHAPMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN C. CHAPMAN

Primary

General

Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

858.82

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

858.82

TERMS

Date Incurred

06

20

2014

Date Due

12/31/2014

Interest Rate

0.00

% (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

858.82

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JOHN CHAPMAN FOR CONGRESS** Transaction ID : **SC/10.7009**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
JOHN C. CHAPMAN Primary
 Mailing Address 81 HOLWAY STREET General
 Other (specify) ▼

City State ZIP Code
 CHATHAM MA 02633

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
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TERMS

Date Incurred M 07 / D 30 / Y 2014	Date Due M M / D D / Y 12/31/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 15000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JOHN CHAPMAN FOR CONGRESS** Transaction ID : **SC/10.7008**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
JOHN C. CHAPMAN Primary
 Mailing Address 81 HOLWAY STREET General
 Other (specify) ▼

City State ZIP Code
 CHATHAM MA 02633

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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TERMS Date Incurred Date Due Interest Rate Secured:
 08 / 20 / 2014 M M / D D / 12/31/2014 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 100000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **JOHN CHAPMAN FOR CONGRESS** Transaction ID : **SC/10.7048**

LOAN SOURCE Full Name (Last, First, Middle Initial) JOHN C. CHAPMAN	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 81 HOLWAY STREET		

City	State	ZIP Code
CHATHAM	MA	02633

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000.00	0.00	70000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 30 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	70000.00
TOTALS This Period (last page in this line only).....	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Transaction ID : **SC/10.8033**

LOAN SOURCE Full Name (Last, First, Middle Initial)
JOHN C. CHAPMAN

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
81 HOLWAY STREET

City State ZIP Code
CHATHAM MA 02633

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

TERMS

Date Incurred: M 10 / D 08 / Y 2014
 Date Due: M / D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	60000.00
TOTALS This Period (last page in this line only).....	360941.82

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.