

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Finegold Committee

Report Covering the Period: From:

M	M
0	8

D	D
1	6

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
2	6

Y	Y	Y	Y
2	0	0	7

	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)).....	115844.00	924002.05
(b) Total Contribution Refunds (from Line 20(d)).....	18400.00	18400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	97444.00	905602.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	210387.33	891316.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	450.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	210387.33	890866.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	23650.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Finegold Committee

Report Covering the Period: From:

M	M
0	8

D	D
1	6

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
2	6

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

108650.00

843445.00

(ii) Unitemized.....

4694.00

56707.05

(iii) TOTAL of contributions

113344.00

900152.05

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

2500.00

23850.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

115844.00

924002.05

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

450.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

0.00

896.57

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

115844.00

925348.62

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	210387.33	891316.90
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.....	18400.00	18400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	18400.00	18400.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	228787.33	909716.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	136594.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	115844.00
25. SUBTOTAL (add Line 23 and Line 24).....	252438.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	228787.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	23650.69

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial) Doug J Ahern Mailing Address PO Box 802 City Andover State MA Zip Code 01810 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: C1715619 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer NA Occupation NA Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Richard Bargar Mailing Address 9 Greenbriar Circle City Andover State MA Zip Code 01810 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7 Transaction ID: C1715198 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Ortho NE Occupation Ortho Surgeon Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary 550.00		

C. Full Name (Last, First, Middle Initial) John A. Battaglia Mailing Address The Cambridge Mortgage Group 107 South St. City Hingham State MA Zip Code 02043-2438 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7 Transaction ID: C1715349 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Cambridge Mortgage Group Occupation President Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary 250.00		

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Anita Bekenstein		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 52 High Rock Road		Transaction ID: C1716459
City State Zip Code Wayland MA 01778	Amount of Each Receipt this Period 4600.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none Occupation homemaker	Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 6900.00		

Full Name (Last, First, Middle Initial) B. Emily M. Bekenstein		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 9 / 2 0 0 7
Mailing Address 52 High Rock Road		Transaction ID: C1716234
City State Zip Code Wayland MA 01778	Amount of Each Receipt this Period 4600.00	
FEC ID number of contributing federal political committee. C	<input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none Occupation student	Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 6900.00		

Full Name (Last, First, Middle Initial) C. Joshua Bekenstein		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 52 High Rock Road		Transaction ID: C1715725
City State Zip Code Wayland MA 01778	Amount of Each Receipt this Period 4600.00	
FEC ID number of contributing federal political committee. C	<input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer bain capital, inc Occupation partner	Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 6900.00		

SUBTOTAL of Receipts This Page (optional) ▶	13800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial)
Joseph Berman

Mailing Address 9 Maple Road

City State Zip Code
Weston MA 02493

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

Name of Employer letter sent Occupation letter sent

Receipt For: 2007
 Primary General
 Other (specify) ▼ special primary

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2007

Transaction ID: C1716573

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 10 Knollcrest Dr.

City State Zip Code
Andover 01810

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2007
 Primary General
 Other (specify) ▼ special primary

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2007

Transaction ID: C1716396

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 15 Webster Lane

City State Zip Code
Wayland MA 01778

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

Name of Employer foley lardnes llp Occupation attorney

Receipt For: 2007
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: C1717257

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial) Winfield Brown		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 7
Mailing Address 49 Village View Road		Transaction ID: C1715340
City State Zip Code Westford MA 01886	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lowell General Hospital Admin	Election Cycle-to-Date 250.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary		

B. Full Name (Last, First, Middle Initial) Robert Byrne		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 7
Mailing Address 38 Deerfield Drive		Transaction ID: C1714578
City State Zip Code Milton MA 02186	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Thornton & Naumes LLP attorney	Election Cycle-to-Date 500.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary		

C. Full Name (Last, First, Middle Initial) Joseph Casey		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 172 South St.		Transaction ID: C1714786
City State Zip Code Hingham MA 02043	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation harbor one banker	Election Cycle-to-Date 500.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Robert M Cashman		Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2007	
Mailing Address 33 Auburndale Rd		Transaction ID: C1714402	
City State Zip Code Marblehead MA 01945-1801	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Metropolitan CU	Occupation CEO		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. John P Chemaly		Date of Receipt M M / D D / Y Y Y Y Y 08 / 23 / 2007	
Mailing Address 2 Douglas Rd.		Transaction ID: C1715454	
City State Zip Code South Chelmsford MA 01824	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Trinity Ems, Inc.	Occupation President		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Election Cycle-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Nicol Chouinard		Date of Receipt M M / D D / Y Y Y Y Y 08 / 27 / 2007	
Mailing Address 83 Academy Rd		Transaction ID: C1715848	
City State Zip Code North Andover MA 01845	Amount of Each Receipt this Period 1400.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Election Cycle-to-Date ▼ 1440.00		

* In-Kind: 200 bumper stickers

SUBTOTAL of Receipts This Page (optional)	1900.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial)
Peter C Cowie

Mailing Address 49 Salem Street

City State Zip Code
Andover MA 01810

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

Name of Employer CBE Technologies Occupation CEO

Receipt For: 2007
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 27 / 2007

Transaction ID: C1715730

Amount of Each Receipt this Period
2500.00

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

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

Mailing Address 49 Salem Street

City State Zip Code
Andover MA 01810

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

Name of Employer n/a Occupation homemaker

Receipt For: 2007
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4800.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 27 / 2007

Transaction ID: C1715733

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Lawrence H Curtis

Mailing Address 211 Ipswich Rd

City State Zip Code
Boxford MA 01921-1619

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

Name of Employer Winn Development Occupation Real Est Develo

Receipt For: 2007
 Primary General
 Other (specify) ▼
special primary

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 24 / 2007

Transaction ID: C1715574

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	7300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Marla Glanzer Curtis		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7	
Mailing Address 211 Ipswich Rd.		Transaction ID: C1715542	
City State Zip Code Boxford MA 01921	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2300.00		
Name of Employer Maria Glanzer Curtis	Occupation Architect	<input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Election Cycle-to-Date ▼ 4600.00		

Full Name (Last, First, Middle Initial) B. Ashraf Mansur Dahod		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7	
Mailing Address 22 Carter Lane		Transaction ID: C1716649	
City State Zip Code Andover MA 01810	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00		
Name of Employer Starent Networks	Occupation President & CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Shamim Ashraf Dahod		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7	
Mailing Address 22 Carter Lane		Transaction ID: C1716650	
City State Zip Code Andover MA 01810	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00		
Name of Employer Chelmsford Primary Care	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Dana M Dalton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7	
Mailing Address 304 N Main St		Transaction ID: C1715768	
City State Zip Code Andover MA 01810-3003		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/a Occupation Home Maker			
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) special primary		Election Cycle-to-Date 4600.00	

Full Name (Last, First, Middle Initial) B. William J Dalton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7	
Mailing Address 304 N Main St		Transaction ID: C1715769	
City State Zip Code Andover MA 01810-3003		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Dalton & Finegold Occupation Attorney			
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) special primary		Election Cycle-to-Date 6900.00	

Full Name (Last, First, Middle Initial) C. Matt DesChamps		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 24 Lockwood		Transaction ID: C1716434	
City State Zip Code Old Greenwich CT 06870		Amount of Each Receipt this Period 4600.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Satellite Asset Management Occupation CEO			
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Election Cycle-to-Date 6900.00	

SUBTOTAL of Receipts This Page (optional)	9200.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Normand E Deschene		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007
Mailing Address 18 Whiley Road		Transaction ID: C1714569
City Groton State MA Zip Code 01450	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer lowell general Occupation hospital admin	Election Cycle-to-Date 500.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary		

Full Name (Last, First, Middle Initial) B. Christina Dibitto		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2007
Mailing Address 12 Ruby Circle		Transaction ID: C1716514
City Haverhill State MA Zip Code 01835	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Occupation Information Requested	Election Cycle-to-Date 250.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary		

Full Name (Last, First, Middle Initial) C. Anthony David Dinapoli		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2007
Mailing Address 65 Central Street		Transaction ID: C1715867
City Andover State MA Zip Code 01810	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer 52-1762466 Occupation Renewable Energy Design & Development	Election Cycle-to-Date 500.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. George Dunderdale		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7
Mailing Address		Transaction ID: C1714581
City Andover	State MA	Zip Code 01810
Amount of Each Receipt this Period 300.00		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Occupation Dundee's Dry Cleaners Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Thomas Fernandes		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 16 Railroad Ave.		Transaction ID: C1715417
City Bedford	State MA	Zip Code 01730
Amount of Each Receipt this Period 250.00		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Home Team Remodeling Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation contractor Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Amy Finegold		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 42 Stirling Street		Transaction ID: C1715767
City Andover	State MA	Zip Code 01810
Amount of Each Receipt this Period 2300.00		Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Occupation retail store Election Cycle-to-Date ▼ 4600.00	

SUBTOTAL of Receipts This Page (optional)	2850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial)
Barry Finegold

Mailing Address 42 Stirling Street

City State Zip Code
Andover MA 01810

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

Name of Employer Dalton and Finegold, LLP Occupation Lawyer

Receipt For: 2007
 Primary General
 Other (specify) special primary

Election Cycle-to-Date 7150.00

Date of Receipt
08 / 27 / 2007

Transaction ID: C1715766

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 369 Merrimack St.

City State Zip Code
Methuen MA 01844

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

Name of Employer self Occupation attorney

Receipt For: 2007
 Primary General
 Other (specify) special primary

Election Cycle-to-Date 250.00

Date of Receipt
08 / 31 / 2007

Transaction ID: C1716579

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 30 Reno Rd

City State Zip Code
Wilmington MA 01887-1644

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

Name of Employer Accubank Occupation Sales

Receipt For: 2007
 Primary General
 Other (specify) special primary

Election Cycle-to-Date 400.00

Date of Receipt
08 / 23 / 2007

Transaction ID: C1715470

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) **2750.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Rita Gardner		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7	
Mailing Address 16 Jamie Road		Transaction ID: C1716421	
City State Zip Code Dunstable MA 01827	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Occupation Information Requested Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. David Geaslen		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 7	
Mailing Address 23 Lincoln Cr E		Transaction ID: C1715932	
City State Zip Code Andover MA 01810	Amount of Each Receipt this Period 4600.00		
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer ESPN Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Occupation Director of Operations Election Cycle-to-Date ▼ 6900.00		

Full Name (Last, First, Middle Initial) C. Mark Lee Gerson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 7	
Mailing Address 850 Third Avenue, 9th Floor		Transaction ID: C1715906	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Gerson Lehrman Group Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Chairman Election Cycle-to-Date ▼ 4600.00		

SUBTOTAL of Receipts This Page (optional) ▶	7100.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Jeffrey D Goldstein		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 7
Mailing Address 224 Foster St		Transaction ID: C1715962
City State Zip Code North Andover MA 01845	Amount of Each Receipt this Period 4600.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Pentucket Regional doctor	<input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7200.00	

Full Name (Last, First, Middle Initial) B. Orit Goldstein		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 7
Mailing Address 224 Foster St		Transaction ID: C1715960
City State Zip Code North Andover MA 01845	Amount of Each Receipt this Period 4600.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ozzy Properties Management Developer	<input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6900.00	

Full Name (Last, First, Middle Initial) C. Anthony Grasso		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address Grasso Appraisal Service 121 Middlesex Turnpike		Transaction ID: C1715350
City State Zip Code Burlington MA 01803	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Grasso Appraisal Service president	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	9450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial)
Michael P. Hansberry

Mailing Address 3900 Cordgrass Way

City State Zip Code
Naples FL 34112

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

Name of Employer Citizens Bank Occupation Loan Officer

Receipt For: 2007
 Primary General
 Other (specify) ▼ special primary

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 24 / 2007

Transaction ID: C1715548

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Alexander P Heckler

Mailing Address 200 East Broward Blvd #2100

City State Zip Code
Fort Lauderdale FL 33301

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

Name of Employer Shutts and Bowen Occupation Attorney

Receipt For: 2007
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2007

Transaction ID: C1716612

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Deborah Buckley Hope

Mailing Address 370 Great Pond Rd.

City State Zip Code
North Andover MA 01845

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

Name of Employer Smith Barney Occupation Consultant

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

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2007

Transaction ID: C1716512

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial) Frank Hopkins Mailing Address 4 Brady Loop City Andover State MA Zip Code 01810 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7 Transaction ID: C1715616 Amount of Each Receipt this Period 150.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation Retired Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) special primary Election Cycle-to-Date 250.00		

B. Full Name (Last, First, Middle Initial) Steven Iannelli Mailing Address 193 Cambridge St City Burlington State MA Zip Code 01803-2538 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7 Transaction ID: C1716580 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Occupation broker Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) special primary Election Cycle-to-Date 250.00		

C. Full Name (Last, First, Middle Initial) Mark B Johnson Mailing Address 12 Chestnut St. City Andover State MA Zip Code 01810 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 9 / 2 0 0 7 Transaction ID: C1716236 Amount of Each Receipt this Period 500.00 <input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Johnson & Borenstein Occupation attorney Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) special primary Election Cycle-to-Date 2800.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial)
Brian Joyce

Mailing Address 95 Hinckley Road

City Milton State MA Zip Code 02186

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

Name of Employer comm of mass Occupation state senator

Receipt For: 2007
 Primary General
 Other (specify) Special Primary

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 9 / 2 0 0 7

Transaction ID: C1714689

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address 149 Lancaster Road

City North Andover State MA Zip Code 01845

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

Name of Employer Commonwealth Capital Occupation VC

Receipt For: 2007
 Primary General
 Other (specify) Special Primary

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 7 / 2 0 0 7

Transaction ID: C1714555

Amount of Each Receipt this Period
 1500.00

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

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

Mailing Address 12 Candlewood Dr.

City Andover State MA Zip Code 01810

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

Name of Employer Colony Capital Occupation Real Estate Investments

Receipt For: 2007
 Primary General
 Other (specify) Special Primary

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 0 / 2 0 0 7

Transaction ID: C1714748

Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

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

Mailing Address 396 Andover St.

City State Zip Code
North Andover MA 01845

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

Name of Employer
R.C. Lafond Insurance Agency, Inc.

Occupation
Insurance Agent

Receipt For: 2007
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2007

Transaction ID: C1715754

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Larry L Larsen

Mailing Address 28 Andover St

City State Zip Code
Andover MA 01810-4749

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

Name of Employer
Larsen Associates

Occupation
Doctor

Receipt For: 2007
 Primary General
 Other (specify) ▼
special primary

Election Cycle-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2007

Transaction ID: C1715615

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 117 Leisure Court

City State Zip Code
Wyomissing PA 19610

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

Name of Employer
Not employed

Occupation
Housewife

Receipt For: 2007
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2007

Transaction ID: C1718223

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial) Philip F Laverriere		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 0 / 2 0 0 7	
Mailing Address 305 Essex Street		Transaction ID: C1714986	
City State Zip Code Lawrence MA 01840		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Greater Lawrence Action Council		Occupation E.D./ CEO	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary		Election Cycle-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Steve LeDuc		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 7	
Mailing Address 180 Essex Street		Transaction ID: C1714632	
City State Zip Code Marlborough MA 01752		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Commonwealth of Massachusetts		Occupation Legislator	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary		Election Cycle-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Steve LeDuc		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 180 Essex Street		Transaction ID: C1715202	
City State Zip Code Marlborough MA 01752		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Commonwealth of Massachusetts		Occupation Legislator	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary		Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Neil Leifer		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2007	
Mailing Address 16 Kingswood Road		Transaction ID: C1714643	
City State Zip Code Auburndale MA 02466	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Thornton & Naumes, LLP Attorney	Election Cycle-to-Date 500.00		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary			

Full Name (Last, First, Middle Initial) B. Daniel F Lionetta		Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2007	
Mailing Address 330 Marbleridge Road		Transaction ID: C1714410	
City State Zip Code North Andover MA 01845	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation GMAC Mortgage district manager	Election Cycle-to-Date 750.00		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary			

Full Name (Last, First, Middle Initial) C. Thomas G Lyons		Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2007	
Mailing Address 18 Franklin St. Apt. B609		Transaction ID: C1714400	
City State Zip Code Lawrence MA 01840	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation none retired	Election Cycle-to-Date 550.00		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary			

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Thomas anthony Maher		Date of Receipt MM / DD / YYYY 09 / 04 / 2007
Mailing Address 6 prides Circle		Transaction ID: C1716922
City andover	State MA	Zip Code 01810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer eastern asset mgmt	Occupation real estate	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Richard W Main		Date of Receipt MM / DD / YYYY 08 / 22 / 2007
Mailing Address 1 Overlook Dr		Transaction ID: C1715339
City Chelmsford	State MA	Zip Code 01824-1127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Enterprise Bank & Trust CO.	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. David J Mallen		Date of Receipt MM / DD / YYYY 08 / 20 / 2007
Mailing Address 405 Great Pond Road		Transaction ID: C1714994
City North Andover	State MA	Zip Code 01845
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Wilder Companies Ltd	Occupation Principal	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. William Charles Martin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 301 Spring Hill Rd		Transaction ID: C1715723
City State Zip Code Skillman NJ 08558	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Indie Research	Occupation self-employed	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3050.00	

Full Name (Last, First, Middle Initial) B. Carl McFadden		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 33 Wakefield St		Transaction ID: C1715753
City State Zip Code Reading MA 01867-1850	Amount of Each Receipt this Period 4600.00	
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer First Call Mortgage	Occupation Self-Employed	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Election Cycle-to-Date ▼ 6900.00	

Full Name (Last, First, Middle Initial) C. David McMorris		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7
Mailing Address Thornton & Naumes, LLP 100 Summer St. 30th Fl.		Transaction ID: C1714642
City State Zip Code Boston MA 02110	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Thornton & Naumes, LLP	Occupation attorney	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	5850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 68
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

<p>A. Full Name (Last, First, Middle Initial) Sydney Miller</p> <p>Mailing Address 19 Hampden St. P.O. Box 191480</p> <p>City Boston State MA Zip Code 02119</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Harry Miller Co. Inc Occupation Executive</p> <p>Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 7</p> <p>Transaction ID: C1715342</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Christopher H Milton</p> <p>Mailing Address 38 Sawyer Rd.</p> <p>City Wellesley Hills State MA Zip Code 02181</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Greenberg Traurig Occupation Lawyer</p> <p>Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 7</p> <p>Transaction ID: C1715944</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Robert Nista</p> <p>Mailing Address 19 Elm Street</p> <p>City Tyngsboro State MA Zip Code 01879</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cohesion Inc. Occupation Business Owner</p> <p>Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 7</p> <p>Transaction ID: C1714574</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. David William O'Connor		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 45 Anselm Way		Transaction ID: C1715190	
City State Zip Code Sudbury MA 01776	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Foundation Partners C.F.O.	Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary		
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) B. Joan O'Neil Zona		Date of Receipt M M / D D / Y Y Y Y Y 08 / 30 / 2007	
Mailing Address 99 Emerald St.		Transaction ID: C1716395	
City State Zip Code Quincy MA 02169	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation UBS VP Investments	Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Leroy Parker		Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2007	
Mailing Address 20 Lincoln Road		Transaction ID: C1715116	
City State Zip Code Wayland MA 01778	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Dana-Farber Cancer Institute Physician	Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary		
Election Cycle-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Nicholas L Parsenios		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 80 Taconic Avenue		Transaction ID: C1715406	
City Lenox	State MA	Zip Code 01240	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Law Offices of Michael J. Considine	Occupation Attorney	Election Cycle-to-Date 1000.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary			

Full Name (Last, First, Middle Initial) B. Lydia M Pastuszek		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 15 griffin lane		Transaction ID: C1715515	
City sudbury	State MA	Zip Code 01776	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer clark university	Occupation senior advisory	Election Cycle-to-Date 3300.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sagan Paul		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 7	
Mailing Address 5 Sunset Ridge		Transaction ID: C1716214	
City Lexington	State MA	Zip Code 02421	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Akamai Technologies	Occupation Executive	Election Cycle-to-Date 1000.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Jeffrey Renton		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 91 Shawsheen Road		Transaction ID: C1715348
City State Zip Code Andover MA 01810	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer gilbert and renton	Occupation attorney	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Josephine E Riley		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 4 Ashley Ct		Transaction ID: C1715398
City State Zip Code Lynnfield MA 01940	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A Homemaker	Occupation N/A Homemaker	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. James Rivard		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 9 / 2 0 0 7
Mailing Address 60 Richard St.		Transaction ID: C1716019
City State Zip Code Lowell MA 01850	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer woodard curran	Occupation engineer	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. EDWARD A SAXE		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 84 Westerly Rd		Transaction ID: C1715468	
City Weston	State MA	Zip Code 02493	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer BINGHAM MCCUTCHN	Occupation ATTORNEY	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary			

Full Name (Last, First, Middle Initial) B. Carmen J Scarpa		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7	
Mailing Address 1 Shadow Lane		Transaction ID: C1715617	
City Andover	State MA	Zip Code 01810	Amount of Each Receipt this Period 4600.00
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer tudor ventures	Occupation partner	Election Cycle-to-Date ▼ 6900.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Frank A. Segall		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 9 / 2 0 0 7	
Mailing Address 49 Black Burnian Rd.		Transaction ID: C1716014	
City Weston	State MA	Zip Code 02493	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested	Occupation Information Requested	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Election			

SUBTOTAL of Receipts This Page (optional) ▶	5350.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Gary Sepe		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address PO Box 187		Transaction ID: C1715456
City State Zip Code Lowell MA 01853	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Trinity Ems	Occupation Vp	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Robin Shone		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 12 Hummingbird Lane		Transaction ID: C1715467
City State Zip Code Derry NH 03038	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer letter sent	Occupation letter sent	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Marvin Siflinger		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7
Mailing Address 4 Duggan Drive		Transaction ID: C1715209
City State Zip Code Framingham MA 01702	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer housing partners inc	Occupation consultant	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Steven Sirmaian		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 20 Flintlock Rd. 354 Merrimack Street Lawrence, MA		Transaction ID: C1714856
City Salem State NH Zip Code 03079	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer First integrity Occupation owner	Receipt For: 2007 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary 350.00	

Full Name (Last, First, Middle Initial) B. Barry Sloane		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address P.O. Box 247		Transaction ID: C1716577
City Barrington State RI Zip Code 02806	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer century bank Occupation banker	Receipt For: 2007 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary 600.00	

Full Name (Last, First, Middle Initial) C. Kenneth Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 7
Mailing Address 28 High St.		Transaction ID: C1714633
City Stoneham State MA Zip Code 02180	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Business Development Co. Occupation President	Receipt For: 2007 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial)
David M Solomon

Mailing Address 10 Laurel Ave.

City State Zip Code
Wellesley MA 02481

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

Name of Employer Occupation
wellesley comm mortgage mortgage
llc

Receipt For: 2007 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Special Primary 3300.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: C1715407

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 7 Westminster Road Way

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
CP Energy Group LLC Information Requested

Receipt For: 2007 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Special Primary 3300.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: C1716432

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Dwight M Thompson

Mailing Address 114 Topsfield Rd

City State Zip Code
Ipswich MA 01938-1651

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

Name of Employer Occupation
Salem Five Construction Lending

Receipt For: 2007 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Special Primary 450.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2007

Transaction ID: C1714573

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Michael Thornton		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2007
Mailing Address Thornton & Naumes, LLP 100 Summer St. 30th Fl.		Transaction ID: C1714644
City Boston	State MA	Zip Code 02110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Thornton & Naumes, LLP	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Michael L. Tichnor		Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2007
Mailing Address 98 Sears Road		Transaction ID: C1716017
City Wayland	State MA	Zip Code 01778
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer City of Wayland	Occupation Selectman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Penny Valentine		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2007
Mailing Address 135 Wood Road		Transaction ID: C1714598
City Braintree	State MA	Zip Code 02184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer home	Occupation n/a	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	3800.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Richard Vitali		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 7	
Mailing Address 60 Andrew St.		Transaction ID: C1715268	
City Lynn State MA Zip Code 01901	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self Occupation attorney	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary			

Full Name (Last, First, Middle Initial) B. David J Wahr		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 7	
Mailing Address 1 Seneca Cir		Transaction ID: C1715622	
City Andover State MA Zip Code 01810-5215	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Cw Companies Occupation Attorney	Election Cycle-to-Date ▼ 1500.00		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary			

Full Name (Last, First, Middle Initial) C. Janet Zwanziger		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 148 Dartmouth Street		Transaction ID: C1716575	
City Newton State MA Zip Code 02465	Amount of Each Receipt this Period 4600.00		
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer McLean Hospital Occupation Psychiatrist	Election Cycle-to-Date ▼ 6900.00		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	5350.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial)
Ron Zwanziger

Mailing Address 148 Dartmouth Street

City State Zip Code
Newton MA 02465

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

Name of Employer Inverness Medical Innovations, Inc. Occupation CEO

Receipt For: 2007
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6900.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2007

Transaction ID: C1716574

Amount of Each Receipt this Period
4600.00

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

B. Full Name (Last, First, Middle Initial)
DBA Preferred Partnership Consulting

Mailing Address 21 Greenfield Drive

City State Zip Code
Plaistow NH 03865

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2007

Transaction ID: C1715196

Amount of Each Receipt this Period
500.00

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

PARTNERSHIP--partners below if itemized

C. Full Name (Last, First, Middle Initial)
Barbara Duncan Marchetti

Mailing Address 21 Greenfield Drive

City State Zip Code
Plaistow NH 03865

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

Name of Employer DBA Preferred Partnership Consulting Occupation Partner

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

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2007

Transaction ID: C1715197

Amount of Each Receipt this Period
500.00

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

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	5100.00
TOTAL This Period (last page this line number only)	108650.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 68
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. NE Utilities Employees' PAC Full Name (Last, First, Middle Initial) Mailing Address 601 Pennsylvania Ave., NW Suite 62		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2007
City Washington State DC Zip Code 20004		Transaction ID: C1716671
FEC ID number of contributing federal political committee. C C00102160		Amount of Each Receipt this Period 1000.00
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		
Election Cycle-to-Date ▼ 1000.00		

B. The Nuciforo Committee Full Name (Last, First, Middle Initial) Mailing Address P.O Box 865		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2007
City Pittsfield State MA Zip Code 01201		Transaction ID: C1716572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		
Election Cycle-to-Date ▼ 2000.00		

C. The Tobin Committee Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 319		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2007
City Jamaica Plain State MA Zip Code 02130		Transaction ID: C1716576
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		
Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	2500.00

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)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. A.D. Handy Co., Inc		Transaction ID: D134027 Date of Disbursement 08 / 31 / 2007
Mailing Address 86 Franklin St.		Amount of Each Disbursement this Period 420.00
City Allston State MA Zip Code 02134	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Speaker Rental Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) B. ADP Employer Services		Transaction ID: D134969 Date of Disbursement 09 / 17 / 2007
Mailing Address 225 Second Ave.		Amount of Each Disbursement this Period 17890.00
City Waltham State MA Zip Code 02454	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) C. Aequus Resources		Transaction ID: D133274 Date of Disbursement 08 / 27 / 2007
Mailing Address 513 Valencia St., Ste 1		Amount of Each Disbursement this Period 3000.00
City San Francisco State CA Zip Code 94110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement final payment for research Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

SUBTOTAL of Disbursements This Page (optional) ▶	21310.00
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 39 / 68

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Andover Post Office		Transaction ID: D133272 Date of Disbursement 08 / 27 / 2007
Mailing Address 10 Stevens St.		Amount of Each Disbursement this Period 998.00
City Andover State MA Zip Code 01810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement postage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) B. Andover Post Office		Transaction ID: D133284 Date of Disbursement 08 / 28 / 2007
Mailing Address 10 Stevens St.		Amount of Each Disbursement this Period 164.00
City Andover State MA Zip Code 01810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement postage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) C. Andover Post Office		Transaction ID: D133080 Date of Disbursement 08 / 18 / 2007
Mailing Address 10 Stevens St.		Amount of Each Disbursement this Period 443.00
City Andover State MA Zip Code 01810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement postage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

SUBTOTAL of Disbursements This Page (optional)	1605.00
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 40 / 68

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Andover Post Office		Transaction ID: D133118 Date of Disbursement 08 / 20 / 2007
Mailing Address 10 Stevens St.		Amount of Each Disbursement this Period 520.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Andover State MA Zip Code 01810	Purpose of Disbursement postcard stamps Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) B. Andover Post Office		Transaction ID: D133132 Date of Disbursement 08 / 20 / 2007
Mailing Address 10 Stevens St.		Amount of Each Disbursement this Period 123.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Andover State MA Zip Code 01810	Purpose of Disbursement postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) C. Andover Post Office		Transaction ID: D134123 Date of Disbursement 09 / 06 / 2007
Mailing Address 10 Stevens St.		Amount of Each Disbursement this Period 533.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Andover State MA Zip Code 01810	Purpose of Disbursement postage for final mailing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

SUBTOTAL of Disbursements This Page (optional) ▶

1176.00

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)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Christopher Browne		Transaction ID: D133084 Date of Disbursement 08 / 18 / 2007
Mailing Address		Amount of Each Disbursement this Period 240.00
City	State	
Stow		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement	Zip Code	Category/ Type
consulting fee	01775	
Candidate Name	Disbursement For:	
	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Office Sought:	2007	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	special primary	
State:	District:	

Full Name (Last, First, Middle Initial) B. Nicol Chouinard		Transaction ID: D133278 Date of Disbursement 08 / 27 / 2007
Mailing Address 83 Academy Rd		Amount of Each Disbursement this Period 1400.00
City	State	
North Andover	MA	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement	Zip Code	Category/ Type
200 bumper stickers	01845	
Candidate Name	Disbursement For:	
	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Office Sought:	2007	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	* in-kind received	
State:	District:	

Full Name (Last, First, Middle Initial) C. Comcast		Transaction ID: D133082 Date of Disbursement 08 / 18 / 2007
Mailing Address PO Box 1577		Amount of Each Disbursement this Period 120.00
City	State	
Newark	NJ	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement	Zip Code	Category/ Type
internet	07101	
Candidate Name	Disbursement For:	
	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Office Sought:	2007	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	special primary	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	1760.00
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)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. William J Dalton		Transaction ID: D133257 Date of Disbursement 08 / 27 / 2007
Mailing Address 304 N Main St		Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Andover State MA Zip Code 01810-3003	Purpose of Disbursement request from individual Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special general	

Full Name (Last, First, Middle Initial) B. Philip Decologero		Transaction ID: D133117 Date of Disbursement 08 / 20 / 2007
Mailing Address 26 Chapin Road		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Andover State MA Zip Code 01845	Purpose of Disbursement consulting fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) C. Collin Dunbar		Transaction ID: D133116 Date of Disbursement 08 / 20 / 2007
Mailing Address 15 Appletree Lane		Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Andover State MA Zip Code 01810	Purpose of Disbursement consulting fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

SUBTOTAL of Disbursements This Page (optional)	2620.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Enterprise Rental		Transaction ID: D134104 Date of Disbursement 09 / 05 / 2007
Mailing Address		Amount of Each Disbursement this Period 1092.00
City	State	
S. Lawrence	MA	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement	Category/Type	
E-Day Vehicle Rental		
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	2007	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼	
State:	special primary	
District:		

Full Name (Last, First, Middle Initial) B. Barry Finegold		Transaction ID: D133253 Date of Disbursement 08 / 27 / 2007
Mailing Address 42 Stirling Street		Amount of Each Disbursement this Period 2300.00
City	State	
Andover	MA	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement	Category/Type	
request from individual		
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	2007	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼	
State:	special general	
District:		

Full Name (Last, First, Middle Initial) C. Sondra J Finegold		Transaction ID: D134869 Date of Disbursement 09 / 14 / 2007
Mailing Address 11 Lavender Hill Lane		Amount of Each Disbursement this Period 126.53
City	State	
Andover	MA	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement	Category/Type	
reimbursement for food		
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	2007	
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼	
State:	special primary	
District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3518.53
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial)

A. Gas/Milage Reimbursements/Main St. Mobil

Mailing Address

City State Zip Code

Purpose of Disbursement
milage reimbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

special primary

Transaction ID: D134101

Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Gas/Milage Reimbursements/Main St. Mobil

Mailing Address

City State Zip Code

Purpose of Disbursement
Reimbursements for Lawrence E-Day Vols

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

special primary

Transaction ID: D134102

Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

1540.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Gas/Milage Reimbursements/Main St. Mobil

Mailing Address

City State Zip Code

Purpose of Disbursement
gas for rental vans

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

special primary

Transaction ID: D134108

Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

34.26

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1874.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Gas/Milage Reimbursements/Main St. Mobil		Transaction ID: D133244
Mailing Address		Date of Disbursement 08 / 25 / 2007
City	State	Zip Code
Purpose of Disbursement gas for jimmy's truck		Amount of Each Disbursement this Period 69.80
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) B. Christian Hindersaw		Transaction ID: D133065
Mailing Address 9 Cloverfield Dr.		Date of Disbursement 08 / 17 / 2007
City	State	Zip Code
Andover	MA	01810
Purpose of Disbursement consulting fee		Amount of Each Disbursement this Period 200.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) C. Andrew Kabza		Transaction ID: D134190
Mailing Address 600 Bulfinch Dr. #109		Date of Disbursement 09 / 07 / 2007
City	State	Zip Code
Andover	MA	01810
Purpose of Disbursement reimbursement		Amount of Each Disbursement this Period 236.39
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Category/ Type
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	506.19
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Christopher Keohan		Transaction ID: D134052 Date of Disbursement 09 / 01 / 2007
Mailing Address 600 Bulfinch Drive, Apt. 109		Amount of Each Disbursement this Period 362.48
City Andover State MA Zip Code 01810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement for GOTV supplies Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) B. Christopher Keohan		Transaction ID: D133066 Date of Disbursement 08 / 17 / 2007
Mailing Address 600 Bulfinch Drive, Apt. 109		Amount of Each Disbursement this Period 61.78
City Andover State MA Zip Code 01810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) C. Lagasse Removal LLC		Transaction ID: D134103 Date of Disbursement 09 / 05 / 2007
Mailing Address 108 Harrison Street		Amount of Each Disbursement this Period 395.00
City Haverhill State MA Zip Code 01832	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement dumpster rental Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

SUBTOTAL of Disbursements This Page (optional)	819.26
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Alexander Lennon		Transaction ID: D133083 Date of Disbursement 08 / 18 / 2007
Mailing Address 14 Carisbrooke St.		Amount of Each Disbursement this Period 200.00
City Andover State MA Zip Code 01810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement consulting fee Candidate Name	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. LUC Media		Transaction ID: D133187 Date of Disbursement 08 / 22 / 2007
Mailing Address		Amount of Each Disbursement this Period 14431.00
City State Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement cable for 8-20 to 8-26 Candidate Name	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. LUC Media		Transaction ID: D133029 Date of Disbursement 08 / 16 / 2007
Mailing Address		Amount of Each Disbursement this Period 14431.00
City State Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement buy for 8-20 to 8-26 Candidate Name	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional)	29062.00
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)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. LUC Media		Transaction ID: D133237 Date of Disbursement 08 / 24 / 2007
Mailing Address		Amount of Each Disbursement this Period 7000.00
City	State Zip Code	
Purpose of Disbursement 8-29 to 9-4 cable buy	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) B. LUC Media		Transaction ID: D133271 Date of Disbursement 08 / 27 / 2007
Mailing Address		Amount of Each Disbursement this Period 5000.00
City	State Zip Code	
Purpose of Disbursement additional media buy	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) C. My Ad Campaign		Transaction ID: D133273 Date of Disbursement 08 / 27 / 2007
Mailing Address		Amount of Each Disbursement this Period 250.00
City	State Zip Code	
Purpose of Disbursement internet search option	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

SUBTOTAL of Disbursements This Page (optional) ▶	12250.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Ryan Patrick O'Leary		Transaction ID: D133085 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 7
Mailing Address 4 Embassy Lane		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Andover State MA Zip Code 01810	Purpose of Disbursement consulting fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) B. One Communications		Transaction ID: D133193 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 2150 Holmgren Way		Amount of Each Disbursement this Period 956.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Green Bay State WI Zip Code 54304	Purpose of Disbursement phones Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) C. Poland Spring		Transaction ID: D133079 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 7
Mailing Address www.polandspring.com		Amount of Each Disbursement this Period 58.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Andover State MA Zip Code 01810	Purpose of Disbursement water delivery Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

SUBTOTAL of Disbursements This Page (optional) ▶	1215.13
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Poland Spring		Transaction ID: D134062 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7	
Mailing Address www.polandspring.com		Amount of Each Disbursement this Period 46.72	
City Andover	State MA	Zip Code 01810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement water delivery		Category/ Type	
Candidate Name		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Don Powell		Transaction ID: D134026 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7	
Mailing Address 607 N.W. 22nd Ave		Amount of Each Disbursement this Period 7865.50	
City Portland	State OR	Zip Code 97210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement phones		Category/ Type	
Candidate Name		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Don Powell		Transaction ID: D134057 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7	
Mailing Address 607 N.W. 22nd Ave		Amount of Each Disbursement this Period 5645.00	
City Portland	State OR	Zip Code 97210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement phones		Category/ Type	
Candidate Name		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	13557.22
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Don Powell		Transaction ID: D133285 Date of Disbursement 08 / 28 / 2007
Mailing Address 607 N.W. 22nd Ave		Amount of Each Disbursement this Period 9659.40
City Portland State OR Zip Code 97210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ID Calls Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: special primary		

Full Name (Last, First, Middle Initial) B. Jessica Marie Prince		Transaction ID: D134024 Date of Disbursement 08 / 31 / 2007
Mailing Address 14 Fieldstone Drive		Amount of Each Disbursement this Period 45.25
City Woburn State MA Zip Code 01801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimbursement (gas for Jimmy's truck) Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: special primary		

Full Name (Last, First, Middle Initial) C. Regan Communications		Transaction ID: D134106 Date of Disbursement 09 / 05 / 2007
Mailing Address 106 Union Wharf		Amount of Each Disbursement this Period 4500.00
City Boston State MA Zip Code 02109	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement consulting fee Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: special primary		

SUBTOTAL of Disbursements This Page (optional) ▶	14204.65
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Stephanie Roth		Transaction ID: D134192 Date of Disbursement 09 / 07 / 2007
Mailing Address 11 Lavendar Hill Lane		Amount of Each Disbursement this Period 27.19
City Andover State MA Zip Code 01810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement milage reimbursement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) B. Simard Printing		Transaction ID: D133324 Date of Disbursement 08 / 30 / 2007
Mailing Address 300 Salem St.		Amount of Each Disbursement this Period 3674.00
City Woburn State MA Zip Code 01801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement doorhangers Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D134002 Date of Disbursement 08 / 30 / 2007
Mailing Address 73 Turnpike St.		Amount of Each Disbursement this Period 131.20
City North Andover State MA Zip Code 01845	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GOTV Supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	

SUBTOTAL of Disbursements This Page (optional) ▶	3832.39
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D134025 Date of Disbursement 08 / 31 / 2007
Mailing Address 73 Turnpike St.		Amount of Each Disbursement this Period 102.04
City North Andover State MA Zip Code 01845	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GOTV Supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D133243 Date of Disbursement 08 / 25 / 2007
Mailing Address 73 Turnpike St.		Amount of Each Disbursement this Period 145.06
City North Andover State MA Zip Code 01845	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GOTV supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	
State: District:		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D134120 Date of Disbursement 09 / 06 / 2007
Mailing Address 73 Turnpike St.		Amount of Each Disbursement this Period 75.00
City North Andover State MA Zip Code 01845	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement final mailing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	322.10
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Christopher Stokes Full Name (Last, First, Middle Initial) Mailing Address po box 600151 City Newtonville State MA Zip Code 02460 Purpose of Disbursement phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D133275 Date of Disbursement 08 / 27 / 2007 Amount of Each Disbursement this Period 237.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

B. Storefront Political Media Full Name (Last, First, Middle Initial) Mailing Address 250 Sutter St., Suite 650 City San Francisco State CA Zip Code 94108 Purpose of Disbursement consulting fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D133279 Date of Disbursement 08 / 27 / 2007 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

C. Storefront Political Media Full Name (Last, First, Middle Initial) Mailing Address 250 Sutter St., Suite 650 City San Francisco State CA Zip Code 94108 Purpose of Disbursement rest of mailing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D133189 Date of Disbursement 08 / 23 / 2007 Amount of Each Disbursement this Period 25340.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	29577.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Julie Tamborello		Transaction ID: D133194 Date of Disbursement 08 / 23 / 2007
Mailing Address		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
Purpose of Disbursement makeup	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		

Full Name (Last, First, Middle Initial) B. The Andover Townsman		Transaction ID: D133286 Date of Disbursement 08 / 28 / 2007
Mailing Address		Amount of Each Disbursement this Period 1400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
Purpose of Disbursement advertisement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		

Full Name (Last, First, Middle Initial) C. The Next Big Thing		Transaction ID: D133291 Date of Disbursement 08 / 29 / 2007
Mailing Address www.myactivate.com		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State Zip Code	
Purpose of Disbursement phones	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		

SUBTOTAL of Disbursements This Page (optional) ▶	2700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Wayland Town Crier		Transaction ID: D133238 Date of Disbursement 08 / 24 / 2007
Mailing Address		Amount of Each Disbursement this Period 667.50
City	State Zip Code	
Purpose of Disbursement michael tichnor's ad		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	
State: District:		

Full Name (Last, First, Middle Initial) B. Wyndham Hotel		Transaction ID: D134127 Date of Disbursement 09 / 06 / 2007
Mailing Address		Amount of Each Disbursement this Period 1776.38
City	State Zip Code	
Purpose of Disbursement election day hotel		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP Employer Services		Transaction ID: D133067 Date of Disbursement 08 / 18 / 2007
Mailing Address 225 Second Ave.		Amount of Each Disbursement this Period 17882.21
City	State Zip Code	
Purpose of Disbursement payroll		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	20326.09
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Taylor r Dunn		Transaction ID: D133068 Date of Disbursement 08 / 18 / 2007	
Mailing Address 1131 Timber Lane		Amount of Each Disbursement this Period 1250.00	
City Fort Collins State CO Zip Code 80521	Purpose of Disbursement payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Category/Type	

Full Name (Last, First, Middle Initial) B. Andrew Kabza		Transaction ID: D133070 Date of Disbursement 08 / 18 / 2007	
Mailing Address 600 Bulfinch Dr. #109		Amount of Each Disbursement this Period 1200.00	
City Andover State MA Zip Code 01810	Purpose of Disbursement payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	Category/Type	

Full Name (Last, First, Middle Initial) C. Christopher Keohan		Transaction ID: D133071 Date of Disbursement 08 / 18 / 2007	
Mailing Address 600 Bulfinch Drive, Apt. 109		Amount of Each Disbursement this Period 2750.00	
City Andover State MA Zip Code 01810	Purpose of Disbursement payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary	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)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Stephanie Mollohan Full Name (Last, First, Middle Initial) Mailing Address 600 Bulfinch Drive, Apt. 109 City Andover State MA Zip Code 01810 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D133072 Date of Disbursement 08 / 18 / 2007 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Jessica Marie Prince Full Name (Last, First, Middle Initial) Mailing Address 14 Fieldstone Drive City Woburn State MA Zip Code 01801 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D133069 Date of Disbursement 08 / 18 / 2007 Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
--	--	---

C. David Riordan Full Name (Last, First, Middle Initial) Mailing Address 800 Bulfinch Dr. City Andover State MA Zip Code 01810 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D133073 Date of Disbursement 08 / 18 / 2007 Amount of Each Disbursement this Period 3125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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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)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Stephanie Roth Full Name (Last, First, Middle Initial) Mailing Address 11 Lavendar Hill Lane City Andover State MA Zip Code 01810 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D133074 Date of Disbursement 08 / 18 / 2007 Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Evan Tanner Full Name (Last, First, Middle Initial) Mailing Address City State AK Zip Code Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D133075 Date of Disbursement 08 / 18 / 2007 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Nairi Tashjian Full Name (Last, First, Middle Initial) Mailing Address 115 Mt. Auburn St #35 City Cambridge State MA Zip Code 02138 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D133076 Date of Disbursement 08 / 18 / 2007 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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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)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jeremy D Unger

Mailing Address 2113 Club Cove

City Jonesboro State AR Zip Code 72401

Purpose of Disbursement payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼
special primary

Transaction ID: D133077

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ADP Employer Services

Mailing Address 225 Second Ave.

City Waltham State MA Zip Code 02454

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼
special primary

Transaction ID: D134035

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Taylor r Dunn

Mailing Address 1131 Timber Lane

City Fort Collins State CO Zip Code 80521

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼
special primary

Transaction ID: D134036

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial)
Andrew Kabza

Mailing Address 600 Bulfinch Dr. #109

City Andover State MA Zip Code 01810

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼
special primary

Transaction ID: D134038

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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

Mailing Address 600 Bulfinch Drive, Apt. 109

City Andover State MA Zip Code 01810

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼
special primary

Transaction ID: D134039

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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

Mailing Address 600 Bulfinch Drive, Apt. 109

City Andover State MA Zip Code 01810

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼
special primary

Transaction ID: D134041

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Full Name (Last, First, Middle Initial)
Jessica Marie Prince

Mailing Address 14 Fieldstone Drive

City Woburn State MA Zip Code 01801

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼
special primary

Transaction ID: D134037

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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

Mailing Address 800 Bulfinch Dr.

City Andover State MA Zip Code 01810

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼
special primary

Transaction ID: D134040

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

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

Mailing Address 11 Lavendar Hill Lane

City Andover State MA Zip Code 01810

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼
special primary

Transaction ID: D134042

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

A. Evan Tanner Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D134043 Date of Disbursement 08 / 31 / 2007 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Nairi Tashjian Full Name (Last, First, Middle Initial) Mailing Address 115 Mt. Auburn St #35 City State Zip Code Cambridge MA 02138 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D134044 Date of Disbursement 08 / 31 / 2007 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Mr. Jeremy D Unger Full Name (Last, First, Middle Initial) Mailing Address 2113 Club Cove City State Zip Code Jonesboro AR 72401 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special primary		Transaction ID: D134045 Date of Disbursement 08 / 31 / 2007 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	209802.69

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Lawrence H Curtis		Transaction ID: D133196 Date of Disbursement 08 / 24 / 2007
Mailing Address 211 Ipswich Rd		Amount of Each Disbursement this Period 2300.00
City Boxford State MA Zip Code 01921-1619	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement request from individual Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special general	

Full Name (Last, First, Middle Initial) B. Marla Glanzer Curtis		Transaction ID: D133197 Date of Disbursement 08 / 24 / 2007
Mailing Address 211 Ipswich Rd.		Amount of Each Disbursement this Period 2300.00
City Boxford State MA Zip Code 01921	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement request from individual Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special general	

Full Name (Last, First, Middle Initial) C. Dana M Dalton		Transaction ID: D133256 Date of Disbursement 08 / 27 / 2007
Mailing Address 304 N Main St		Amount of Each Disbursement this Period 2300.00
City Andover State MA Zip Code 01810-3003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement request from individual Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special general	

SUBTOTAL of Disbursements This Page (optional) ▶	6900.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Amy Finegold		Transaction ID: D133255 Date of Disbursement 08 / 27 / 2007
Mailing Address 42 Stirling Street		Amount of Each Disbursement this Period 2300.00
City Andover State MA Zip Code 01810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement request from individual Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special general	

Full Name (Last, First, Middle Initial) B. Michael G Finegold		Transaction ID: D134097 Date of Disbursement 09 / 05 / 2007
Mailing Address 11 Lavender Hill Lane		Amount of Each Disbursement this Period 2300.00
City Andover State MA Zip Code 01810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement refund Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special general	

Full Name (Last, First, Middle Initial) C. Sondra J Finegold		Transaction ID: D134096 Date of Disbursement 09 / 05 / 2007
Mailing Address 11 Lavender Hill Lane		Amount of Each Disbursement this Period 2300.00
City Andover State MA Zip Code 01810	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement refund Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special general	

SUBTOTAL of Disbursements This Page (optional)	6900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Finegold Committee

Full Name (Last, First, Middle Initial) A. Carl McFadden		Transaction ID: D133248 Date of Disbursement 08 / 27 / 2007
Mailing Address 33 Wakefield St		Amount of Each Disbursement this Period 2300.00
City Reading State MA Zip Code 01867-1850	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement request of donor Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special general	

Full Name (Last, First, Middle Initial) B. Jill K McFadden		Transaction ID: D133249 Date of Disbursement 08 / 27 / 2007
Mailing Address 33 Wakefield St		Amount of Each Disbursement this Period 2300.00
City Reading State MA Zip Code 01867-1850	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement request of donor Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ special general	

SUBTOTAL of Disbursements This Page (optional) ►

4600.00

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

18400.00