

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Stephen F. Lynch for Congress Committee

ADDRESS (number and street) 105 Farragut Road  
 Check if different than previously reported. (ACC)  
South Boston MA 02127

2. **FEC IDENTIFICATION NUMBER** C00366948  
**CITY** **STATE** **ZIP CODE**  
**STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
MA 09

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

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 01 2008 through 06 30 2008

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

Signature of Treasurer Electronically Filed by Brian F Miller Date 11 04 2008

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

Office Use Only **FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Stephen F. Lynch for Congress Committee

Report Covering the Period:

From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	170264.30	814008.90
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	170264.30	813808.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	49085.25	403825.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	361.59	6539.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	48723.66	397286.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1306545.89	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	19303.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
 Stephen F. Lynch for Congress Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**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).....

107938.30

0.00

(ii) Unitemized.....

3826.00

0.00

(iii) TOTAL of contributions

111764.30

536235.90

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

58500.00

277773.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

170264.30

814008.90

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

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

0.00

0.00

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

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

361.59

6539.40

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

20856.79

81941.28

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

191482.68

902489.58

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	49085.25	403825.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	200.00
21. OTHER DISBURSEMENTS.....	62280.00	156747.52
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	111365.25	560773.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1226428.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	191482.68
25. SUBTOTAL (add Line 23 and Line 24).....	1417911.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	111365.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1306545.89

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 113
	<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)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL AHERN		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
	Mailing Address 6 Westmoreland St		<b>Transaction ID:</b> SA11AI.10448504
	City Boston	State MA	Zip Code 02124
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer SELF-EMPLOYED	Occupation GENERAL CONTRACTOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) RUSSELL J ANDERSON		Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address PO Box 206		<b>Transaction ID:</b> SA11AI.10445199
	City Rockland	State MA	Zip Code 02370
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Southeastern Metal Company	Occupation Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) AMY S ANTHONY		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 10 Union Wharf		<b>Transaction ID:</b> SA11AI.10459271
	City Boston	State MA	Zip Code 02109
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer UNKNOWN	Occupation UNKNOWN	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 113
	<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)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) THOMAS L ARCADIPANE		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
	Mailing Address 791 E 4th St		<b>Transaction ID:</b> SA11AI.10448437
	City Boston	State MA	Zip Code 02127
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MTA EMPLOYEES RETIREMENT SYSTEM		Occupation ADMINISTRATOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL M BARRETT		Date of Receipt MM / DD / YYYY 04 / 25 / 2008
	Mailing Address One Beacon Street		<b>Transaction ID:</b> SA11AI.10446019
	City Boston	State MA	Zip Code 02108
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 363.30
Name of Employer DONOGHUE, BARRETT & SINGAL		Occupation ATTORNEY	in-kind - Catering <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 613.30		

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT L BEAL		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 177 Milk Street		<b>Transaction ID:</b> SA11AI.10459273
	City Boston	State MA	Zip Code 02109
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer THE BEAL COMPANIES		Occupation REAL ESTATE DEVELOPER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1613.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 113
	<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)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) JOAN P BINES		Date of Receipt
	Mailing Address 36 Clarke St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 09 / 2008
	City	State	Zip Code
	Lexington	MA	02421
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10447613
Name of Employer UNKNOWN		Occupation UNKNOWN	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) RONALD BLEDAY		Date of Receipt
	Mailing Address 16 Fieldstone Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 04 / 17 / 2008
	City	State	Zip Code
	Westwood	MA	02090
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10445212
Name of Employer BRIGHAM & WOMENS HOSPITAL		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) RONALD BLEDAY		Date of Receipt
	Mailing Address 16 Fieldstone Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 09 / 2008
	City	State	Zip Code
	Westwood	MA	02090
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.10447615
Name of Employer BRIGHAM & WOMENS HOSPITAL		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
CHARLES M CAMPION  
Mailing Address 284 Dean Rd  
City Brookline State MA Zip Code 02445  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DEWEY SQUARE GROUP Occupation PRINCIPAL  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 06 / 30 / 2008  
Transaction ID: SA11AI.10459261  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
ALBERTO CARDENAS  
Mailing Address 154 Beacon St  
City Boston State MA Zip Code 02116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DOMENECH HICKS & KROCKMALLIC Occupation ARCHITECT  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10448421  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
HOWARD COHEN  
Mailing Address 150 Federal St 5th FL  
City Boston State MA Zip Code 02110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BEACON RESIDENTIAL MANAGEMENT Occupation REAL ESTATE EXECUTIVE  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 06 / 30 / 2008  
Transaction ID: SA11AI.10459264  
Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 113
	<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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial) MARY S COMOLLO		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 71 Constance Dr		<b>Transaction ID:</b> SA11AI.10448494
City Manchester	State CT	Zip Code 06040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer FIRST HARTFORD REALTY CORPORATION	Occupation PERSONAL SECRETARY TO THE PRESIDENT	<input type="checkbox"/> Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

**B.**

Full Name (Last, First, Middle Initial) WILLIAM M CONNOLLY		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 33 Angela St		<b>Transaction ID:</b> SA11AI.10448496
City Canton	State MA	Zip Code 02021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CONNOLLY PARTNERS LLC	Occupation MANAGING PARTNER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) TERENCE W CONROY		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 480 York St		<b>Transaction ID:</b> SA11AI.10448484
City Canton	State MA	Zip Code 02021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CONROY DEVELOPMENT	Occupation PRESIDENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 113  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
TERENCE W CONROY

Mailing Address 480 York St

City State Zip Code  
Canton MA 02021

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

Name of Employer Occupation  
CONROY DEVELOPMENT PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10449913

Amount of Each Receipt this Period  
-700.00

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

**B.**

Full Name (Last, First, Middle Initial)  
TERENCE W CONROY

Mailing Address 480 York St

City State Zip Code  
Canton MA 02021

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

Name of Employer Occupation  
CONROY DEVELOPMENT PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10449914

Amount of Each Receipt this Period  
700.00

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

**C.**

Full Name (Last, First, Middle Initial)  
DOUGLAS A CUTLER

Mailing Address 134 Elm St

City State Zip Code  
Worcester MA 01609

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

Name of Employer Occupation  
UNKNOWN UNKNOWN

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2008

**Transaction ID:** SA11AI.10447611

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 113  
(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
EGGERT DAGBJARTSSON

Mailing Address 47 Raymond St

City State Zip Code  
Cambridge MA 02140

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** SA11AI.10459280

Amount of Each Receipt this Period  
1500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
JAMES MICHAEL DAIUTE

Mailing Address 633 Pond St

City State Zip Code  
Braintree MA 02184

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2008

**Transaction ID:** SA11AI.10446041

Amount of Each Receipt this Period  
-50.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MARTIN J DEMATTEO

Mailing Address 14 Marr Crest Dr

City State Zip Code  
Milton MA 02186

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

Name of Employer UNKNOWN Occupation RETIRED

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2008

**Transaction ID:** SA11AI.10445227

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2450.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 113  
(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
CHARLES DEMETRI

Mailing Address 317 Haverhill St

City State Zip Code  
North Reading MA 01864

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

Name of Employer Occupation  
BOSTON THERMO KING EXECUTIVE

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.10448536

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL C DEMETRI

Mailing Address 317 Haverhill St

City State Zip Code  
North Reading MA 01864

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

Name of Employer Occupation  
THERMO KING EXECUTIVE

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.10448534

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
BRADFORD DIMEO

Mailing Address 140 Nayatt Rd

City State Zip Code  
Barrington RI 02806

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

Name of Employer Occupation  
DIMEO CONSTRUCTION PRESIDENT

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.10448479

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
BRADFORD DIMEO

Mailing Address 140 Nayatt Rd

City State Zip Code  
Barrington RI 02806

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

Name of Employer Occupation  
DIMEO CONSTRUCTION PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

**Transaction ID:** SA11AI.10450186

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)  
BRADFORD DIMEO

Mailing Address 140 Nayatt Rd

City State Zip Code  
Barrington RI 02806

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

Name of Employer Occupation  
DIMEO CONSTRUCTION PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

**Transaction ID:** SA11AI.10450187

Amount of Each Receipt this Period  
-700.00

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

**C.** Full Name (Last, First, Middle Initial)  
BRADFORD DIMEO

Mailing Address 140 Nayatt Rd

City State Zip Code  
Barrington RI 02806

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

Name of Employer Occupation  
DIMEO CONSTRUCTION PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

**Transaction ID:** SA11AI.10450189

Amount of Each Receipt this Period  
700.00

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

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
BRENDAN DIRRANE  
Mailing Address 775 E 4th St  
City Boston State MA Zip Code 02127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CORCORAN COMPANIES Occupation PROPERTY MANAGER  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10448482  
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)  
MICHAEL DIRRANE  
Mailing Address 775 E 4th St  
City South Boston State MA Zip Code 02127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fannie Mae Occupation Mortgage Banking  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 4000.00  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10448433  
Amount of Each Receipt this Period 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL DIRRANE  
Mailing Address 775 E 4th St  
City South Boston State MA Zip Code 02127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fannie Mae Occupation Mortgage Banking  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 2300.00  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10449895  
Amount of Each Receipt this Period -1700.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
MICHAEL DIRRANE

Mailing Address 775 E 4th St

City State Zip Code  
South Boston MA 02127

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

Name of Employer Occupation  
Fannie Mae Mortgage Banking

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period  
1700.00

Transaction ID: SA11AI.10449896

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

**B.**

Full Name (Last, First, Middle Initial)  
SHARON M DIRRANE

Mailing Address 775 E 4th St

City State Zip Code  
South Boston MA 02127

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

Name of Employer Occupation  
UNKNOWN Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period  
2000.00

Transaction ID: SA11AI.10448429

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

**C.**

Full Name (Last, First, Middle Initial)  
SHARON M DIRRANE

Mailing Address 775 E 4th St

City State Zip Code  
South Boston MA 02127

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

Name of Employer Occupation  
UNKNOWN Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period  
-1700.00

Transaction ID: SA11AI.10449893

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 113  
(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
SHARON M DIRRANE

Mailing Address 775 E 4th St

City State Zip Code  
South Boston MA 02127

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

Name of Employer UNKNOWN Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10449894

Amount of Each Receipt this Period  
1700.00

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

**B.**

Full Name (Last, First, Middle Initial)  
EDWARD M. DOHERTY

Mailing Address 50 Franklin St, 3rd FL

City State Zip Code  
Boston MA 02110

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448459

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)  
FERNANDO J DOMENECH, JR

Mailing Address 161 Warren Ave

City State Zip Code  
Boston MA 02116

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448420

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3700.00**

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



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

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

FOR LINE NUMBER: PAGE 17 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
RICHARD J EGAN

Mailing Address 116 Flanders Rd

City State Zip Code  
Westborough MA 01581

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

Name of Employer Occupation  
UNKNOWN RETIRED

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2008

Transaction ID: SA11AI.10445211

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
DEBORAH J ELLIS

Mailing Address 84 Meadowbrook Rd

City State Zip Code  
West Hartford CT 06107

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

Name of Employer Occupation  
JOURNAL INQUIRER ASSISTANT EDITOR

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.10448491

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)  
ELIZABETH ELLIS

Mailing Address 43 Butternut Rd

City State Zip Code  
Manchester CT 06040

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

Name of Employer Occupation  
JOURNAL PUBLISHING CO. PUBLISHER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.10448487

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 113

(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
NEIL H ELLIS

Mailing Address 43 Butternut Rd

City State Zip Code  
Manchester CT 06040

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

Name of Employer Occupation  
FIRST HARTFORD REALTY COR- CORPORATE EXECUTIVE  
PORATION

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.10448488

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)  
THOMAS M FEELEY

Mailing Address 19 Buttonwood Dr

City State Zip Code  
Andover MA 01810

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

Name of Employer Occupation  
FEELEY AND DRISCOLL PC CPA

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.10459329

Amount of Each Receipt this Period

500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
THOMAS M FEELEY

Mailing Address 19 Buttonwood Dr

City State Zip Code  
Andover MA 01810

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

Name of Employer Occupation  
FEELEY AND DRISCOLL PC CPA

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.10459330

Amount of Each Receipt this Period

-200.00

Redesignation

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

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

1300.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
THOMAS M FEELEY

Mailing Address 19 Buttonwood Dr

City State Zip Code  
Andover MA 01810

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

Name of Employer Occupation  
FEELEY AND DRISCOLL PC CPA

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** SA11AI.10459331

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
AIDAN G FEENEY

Mailing Address 15 Bay Street

City State Zip Code  
Dorchester MA 02124

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

Name of Employer Occupation  
FEENEY CONSTRUCTION CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448501

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
BRENDAN FEENEY

Mailing Address PO Box 220801

City State Zip Code  
Dorchester MA 02122

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

Name of Employer Occupation  
Feeney Brothers Contractor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448503

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 113  
(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
							15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT C FINNERAN

Mailing Address 42 8th St

City Boston State MA Zip Code 02129

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

Name of Employer FIORE CONSTRUCTION Occupation CONSULTANT

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 05 / 15 / 2008

Transaction ID: SA11AI.10448497

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)  
THOMAS M FINNERAN

Mailing Address 7 Countryside Dr

City Boston State MA Zip Code 02126

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

Name of Employer MASS BIOTECH COUNCIL Occupation PRESIDENT

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt 05 / 15 / 2008

Transaction ID: SA11AI.10448439

Amount of Each Receipt this Period 100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
EDWARD ANTHONY FISH

Mailing Address 536 Granite St

City Braintree State MA Zip Code 02184

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

Name of Employer PEABODY CONSTRUCTION Occupation PEABODY CONSTRUCTION

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 05 / 15 / 2008

Transaction ID: SA11AI.10448413

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) ..... ► 3400.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
GRETCHEN S FISH

Mailing Address 9 Dellbrook Rd

City State Zip Code  
Weston MA 02493

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

Name of Employer Occupation  
UNKNOWN AT HOME

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448417

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)  
TIMOTHY E FORDE

Mailing Address 54 Algonquin Rd

City State Zip Code  
Canton MA 02021

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

Name of Employer Occupation  
KEITH CONSTRUCTION INC. VICE PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448508

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
JOHN F GILLESPIE

Mailing Address 510 Southampton St

City State Zip Code  
South Boston MA 02127

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

Name of Employer Occupation  
JOHN-KEVIN DONUTS INC FRANCHISE OWNER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2008

**Transaction ID:** SA11AI.10446022

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3300.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
FRANCESCO GIOIOSO

Mailing Address 3 Dutton Park

City State Zip Code  
Walpole MA 02081

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

Name of Employer Occupation  
P. GIOIOSO & SONS, INC. ENGINEER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2008

Transaction ID: SA11AI.10445201

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)  
THOMAS R GLEASON

Mailing Address 95 Lakeshore Dr

City State Zip Code  
Westwood MA 02090

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

Name of Employer Occupation  
MASSHOUSING EXECUTIVE DIRECTOR

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2008

Transaction ID: SA11AI.10448469

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
JEFFREY DANIEL GOLDSTEIN

Mailing Address 224 Foster St

City State Zip Code  
North Andover MA 01845

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

Name of Employer Occupation  
LOWELL GENERAL HOSPITAL PHYSICIAN

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2008

Transaction ID: SA11AI.10448401

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
JEROME GOLDSTEIN  
 Mailing Address 282 Buckminster Rd  
 City State Zip Code  
 Brookline MA 02445  
 Date of Receipt: 05 / 09 / 2008  
 Transaction ID: SA11AI.10447609  
 Amount of Each Receipt this Period: 1000.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: ADVANCED MAGNETICS   Occupation: CHAIRMAN OF THE BOARD & CEO  
 Receipt For: 2008  
 Primary    General  
 Other (specify) ▼   Election Cycle-to-Date: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM F GRIFFIN  
 Mailing Address 123 Wendell Ave  
 City State Zip Code  
 Quincy MA 02170  
 Date of Receipt: 05 / 15 / 2008  
 Transaction ID: SA11AI.10448465  
 Amount of Each Receipt this Period: 250.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: CITY OF QUINCY   Occupation: DPW  
 Receipt For: 2008  
 Primary    General  
 Other (specify) ▼   Election Cycle-to-Date: 750.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
PAUL R HALEY  
 Mailing Address 55 Cassandra Rd  
 City State Zip Code  
 Weymouth MA 02189  
 Date of Receipt: 05 / 15 / 2008  
 Transaction ID: SA11AI.10448485  
 Amount of Each Receipt this Period: 1000.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: LEHMAN BROS.   Occupation: ATTORNEY  
 Receipt For: 2008  
 Primary    General  
 Other (specify) ▼   Election Cycle-to-Date: 2000.00  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
MARY V HARRINGTON

Mailing Address 20 Rose Marie Ln

City State Zip Code  
Walpole MA 02081

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

Name of Employer Occupation  
AT HOME HOMEMAKER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 17 / 2008

**Transaction ID:** SA11AI.10445214

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
STEVEN ALAN HEIKIN

Mailing Address 57 Harris St

City State Zip Code  
Brookline MA 02446

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

Name of Employer Occupation  
ICON ARCHITECTURE ARCHITECT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448419

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
SHELLEY I HOON

Mailing Address 88 Wharf St

City State Zip Code  
Milton MA 02186

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

Name of Employer Occupation  
HOON CONSTRUCTION SERVICES REAL ESTATE

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448456

Amount of Each Receipt this Period  
2200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3200.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 113  
 (check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial)                  SHELLEY I HOON</p> <p>Mailing Address 88 Wharf St</p> <p>City Milton State MA Zip Code 02186</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer HOON CONSTRUCTION SERVICES Occupation REAL ESTATE</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 15 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.10449908</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">-900.00</span></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>B.</b> Full Name (Last, First, Middle Initial)                  SHELLEY I HOON</p> <p>Mailing Address 88 Wharf St</p> <p>City Milton State MA Zip Code 02186</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer HOON CONSTRUCTION SERVICES Occupation REAL ESTATE</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">3200.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 15 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.10449909</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">900.00</span></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>C.</b> Full Name (Last, First, Middle Initial)                  RAYMOND P. HOWELL</p> <p>Mailing Address 60 State St</p> <p>City Boston State MA Zip Code 02109</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Howell Communications Occupation CEO</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 09 / 2008</span></p> <p><b>Transaction ID:</b> SA11AI.10447656</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></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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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 26 / 113</span>
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) CATHERINE A HULT		Date of Receipt MM / DD / YYYY 05 / 15 / 2008		
	Mailing Address 42 Tyler Ln		Transaction ID: SA11AI.10448416		
	City Hanover	State MA	Zip Code 02339	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 UNKNOWN	Occupation UNKNOWN			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00				

<b>B.</b>	Full Name (Last, First, Middle Initial) PETER S JOHNSON		Date of Receipt MM / DD / YYYY 05 / 15 / 2008		
	Mailing Address 39 Berkshire St		Transaction ID: SA11AI.10448520		
	City Norfolk	State MA	Zip Code 02056	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 GADSBY & HANNAH	Occupation LAWYER			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00				

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL P KAGAN		Date of Receipt MM / DD / YYYY 05 / 09 / 2008		
	Mailing Address 110 Country Way		Transaction ID: SA11AI.10447606		
	City Needham	State MA	Zip Code 02492	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 UNKNOWN	Occupation UNKNOWN			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 27 / 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
HENRY G KARA

Mailing Address 139 Weatherbee Dr

City State Zip Code  
Westwood MA 02090

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

Name of Employer  
LAW OFFICES OF HENRY G. KARA

Occupation  
ATTORNEY

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2008

Transaction ID: SA11AI.10445213

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
ADRIAN F KEATING, JR

Mailing Address 84 Meadowbrook Rd

City State Zip Code  
West Hartford CT 06107

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

Name of Employer  
SELF-EMPLOYED

Occupation  
PHOTOGRAPHER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2008

Transaction ID: SA11AI.10448490

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)  
JAMES G KEEFE

Mailing Address 43 Roslin St

City State Zip Code  
Boston MA 02124

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

Name of Employer  
TRINITY FINANCIAL

Occupation  
DEVELOPER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2008

Transaction ID: SA11AI.10448418

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
JOHN W KEITH  
Mailing Address 88 Wharf St  
City Milton State MA Zip Code 02186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KEITH CONSTRUCTION CO. Occupation OWNER  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10448454  
Amount of Each Receipt this Period 2200.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
JOHN W KEITH  
Mailing Address 88 Wharf St  
City Milton State MA Zip Code 02186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KEITH CONSTRUCTION CO. Occupation OWNER  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10449902  
Amount of Each Receipt this Period -900.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
JOHN W KEITH  
Mailing Address 88 Wharf St  
City Milton State MA Zip Code 02186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KEITH CONSTRUCTION CO. Occupation OWNER  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10449903  
Amount of Each Receipt this Period 900.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2200.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 113  
(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial) JOHN W KEITH		Date of Receipt MM / DD / YYYY 06 / 30 / 2008
Mailing Address 88 Wharf St		<b>Transaction ID:</b> SA11AI.10459267
City Milton	State MA	Zip Code 02186
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer KEITH CONSTRUCTION CO.	Occupation OWNER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4700.00	

**B.**

Full Name (Last, First, Middle Initial) JONATHAN C KEITH		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 88 Wharf St		<b>Transaction ID:</b> SA11AI.10448453
City Milton	State MA	Zip Code 02186
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer KEITH BROKERAGE, LLC	Occupation REAL ESTATE	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) LEE M KENNEDY		Date of Receipt MM / DD / YYYY 04 / 25 / 2008
Mailing Address 98 King Caesar Rd		<b>Transaction ID:</b> SA11AI.10446025
City Duxbury	State MA	Zip Code 02332
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer LEE M KENNEDY CO	Occupation PRESIDENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 113  
(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
							15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial) WILLIAM F KENNEDY		Date of Receipt MM / DD / YYYY 04 / 25 / 2008
Mailing Address 107 Forbes Hill Rd		<b>Transaction ID:</b> SA11AI.10446021
City Quincy	State MA	Zip Code 02170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NUTTER, MCCLENNEN & FISH, LLP	Occupation ATTORNEY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) STEVEN J KORN		Date of Receipt MM / DD / YYYY 05 / 09 / 2008
Mailing Address 200 Overbrook Rd		<b>Transaction ID:</b> SA11AI.10447605
City Longmeadow	State MA	Zip Code 01106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UNKNOWN	Occupation UNKNOWN	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) ARNOLD M KROCKMALNIC		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 37 Beaumont Ave		<b>Transaction ID:</b> SA11AI.10448422
City Newton	State MA	Zip Code 02460
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UNKNOWN	Occupation UNKNOWN	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 113  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  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)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
ROCHELLE HEIDI KUSHNER

Mailing Address 396 Washington St

City Wellesley State MA Zip Code 02481

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 09 / 2008  
Transaction ID: SA11AI.10447608  
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)  
WILLIAM D LANE, JR

Mailing Address 40 Van Brunt Ave

City Dedham State MA Zip Code 02026

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

Name of Employer SUPERIOR PLUMBING Occupation PLUMBER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 05 / 15 / 2008  
Transaction ID: SA11AI.10448506  
Amount of Each Receipt this Period: 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
PATRICK A T LEE

Mailing Address 67 Allerton Rd

City Milton State MA Zip Code 02186

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

Name of Employer TRINITY FINANCIAL Occupation DEVELOPER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 15 / 2008  
Transaction ID: SA11AI.10448426  
Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
ALEX LEON

Mailing Address PO Box 573

City State Zip Code  
Canton MA 02021

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

Name of Employer Occupation  
Self-Employed Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448518

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
NORMAN LEVENSON

Mailing Address 896 Beacon St

City State Zip Code  
Boston MA 02215

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

Name of Employer Occupation  
THE COPLEY GROUP EXECUTIVE

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2008

**Transaction ID:** SA11AI.10445219

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
NANCY LUDWIG

Mailing Address 34 Winthrop St

City State Zip Code  
Boston MA 02129

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

Name of Employer Occupation  
ICON ARCHITECTURE, INC. ARCHITECT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448427

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 113  
(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial) MICHAEL MACDONALD		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 10 Kingswood Rd		<b>Transaction ID:</b> SA11AI.10448522
City Newton	State MA	Zip Code 02466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Broker	Occupation BANNOCKBURN CAPITAL	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) MICHAEL MACDONALD		Date of Receipt MM / DD / YYYY 05 / 27 / 2008
Mailing Address 10 Kingswood Rd		<b>Transaction ID:</b> SA11AI.10450178
City Newton	State MA	Zip Code 02466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Broker	Occupation BANNOCKBURN CAPITAL	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) JOHN E MACKAY		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 26 Westmount Ave		<b>Transaction ID:</b> SA11AI.10448466
City Boston	State MA	Zip Code 02132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNKNOWN	Occupation UNKNOWN	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM Q MACLEAN, JR  
Mailing Address PO Box 230  
City State Zip Code  
Fairhaven MA 02719  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SYLVIN GROUP Occupation GENERAL INSURANCE  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00  
Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008  
Transaction ID: SA11AI.10448414  
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)  
JANIS B MAMAYEK  
Mailing Address 30 Trenton St  
City State Zip Code  
Melrose MA 02176  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UNKNOWN Occupation UNKNOWN  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008  
Transaction ID: SA11AI.10448424  
Amount of Each Receipt this Period  
500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
KEVIN P MARTIN  
Mailing Address 26 Marine Rd  
City State Zip Code  
Boston MA 02127  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KEVIN P MARTIN ASSOC P C Occupation C P A  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2008  
Transaction ID: SA11AI.10445210  
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) ..... ► 3050.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 35 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
CARL MCFADDEN  
Mailing Address 33 Wakefield St  
City Reading State MA Zip Code 01867  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FIRST CALL MORTGAGE Occupation OWNER  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 1500.00  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10448473  
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)  
WILLIAM T MCGRATH  
Mailing Address 47 Lazell St  
City Hingham State MA Zip Code 02043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ADVISOR LLC Occupation CONSULTANT  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 2000.00  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10448460  
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)  
MATTHEW W MITTELSTADT  
Mailing Address 33 Dwight St  
City Boston State MA Zip Code 02118  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EA FISH ASSOCIATES, LLC Occupation REAL ESTATE DEVELOPMENT  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10448415  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 113

(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
MARGARET MORAN

Mailing Address 1492 Columbia Rd

City State Zip Code  
Boston MA 02127

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

Name of Employer Occupation  
UNKNOWN RETIRED

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.10445168

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL K MORAN

Mailing Address 18 Park St

City State Zip Code  
Stoneham MA 02180

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

Name of Employer Occupation  
PIPEFITTERS LOCAL #537 PIPE FITTER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.10446023

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)  
NEIL MORRISON

Mailing Address 4 Fisher St

City State Zip Code  
Taunton MA 02780

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

Name of Employer Occupation  
UBS Securities LLC Investment Banker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.10450179

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
JOSEPH E MULLANEY, III  
Mailing Address PO Box 65  
City Halifax State MA Zip Code 02338  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
1750.00  
Date of Receipt: 04 / 17 / 2008  
Transaction ID: SA11AI.10445207  
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)  
CHARLENE A MULLINS  
Mailing Address 300 Highland St  
City Milton State MA Zip Code 02186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
2000.00  
Date of Receipt: 05 / 01 / 2008  
Transaction ID: SA11AI.10446728  
Amount of Each Receipt this Period: 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
JOHN E MURPHY, JR  
Mailing Address 24 Schooner Ln  
City Quincy State MA Zip Code 02171  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LAW OFFICES OF JOHN E. MURPHY Occupation ATTORNEY  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
2500.00  
Date of Receipt: 05 / 27 / 2008  
Transaction ID: SA11AI.10450181  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3250.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 38 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
JOHN E MURPHY, JR  
Mailing Address 24 Schooner Ln  
City Quincystate MA Zip Code 02171  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LAW OFFICES OF JOHN E. MURPHY Occupation ATTORNEY  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼ 2300.00  
Date of Receipt 05 / 27 / 2008  
Transaction ID: SA11AI.10450183  
Amount of Each Receipt this Period -200.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
JOHN E MURPHY, JR  
Mailing Address 24 Schooner Ln  
City Quincystate MA Zip Code 02171  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LAW OFFICES OF JOHN E. MURPHY Occupation ATTORNEY  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼ 2500.00  
Date of Receipt 05 / 27 / 2008  
Transaction ID: SA11AI.10450184  
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)  
THOMAS F NORTON  
Mailing Address 37 Buckmaster Dr  
City Concordstate MA Zip Code 01742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NOREL SERVICE CO INC Occupation CONTRACTOR  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼ 1000.00  
Date of Receipt 06 / 30 / 2008  
Transaction ID: SA11AI.10459274  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 113  
(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
RICHARD J O'DWYER

Mailing Address 42 Cutler Rd

City State Zip Code  
South Hamilton MA 01982

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.10448425

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
SEAN F OBRIEN

Mailing Address 44 Prince St

City State Zip Code  
Boston MA 02113

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

Name of Employer BOWNE CO. Occupation V.P.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.10448477

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
DONALD OGDEN

Mailing Address 370 West First Street

City State Zip Code  
South Boston MA 02127

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

Name of Employer A YANKEE LINE INC Occupation EXECUTIVE

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2008

Transaction ID: SA11AI.10445205

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 40 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
PETER ANDREW PAPPAS

Mailing Address 655 Summer Street

City State Zip Code  
Boston MA 02110

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

Name of Employer Occupation  
PAPPAS ENTERPRISES, INC. REAL ESTATE DEVELOPER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2008

**Transaction ID:** SA11AI.10445206

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
TIMOTHY A PAPPAS

Mailing Address 9 W Broadway

City State Zip Code  
Boston MA 02127

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

Name of Employer Occupation  
PAPPAS PROPERTIES INC EXECUTIVE

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 25 / 2008

**Transaction ID:** SA11AI.10446020

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
ANN PAVA

Mailing Address 258 Washington Blvd

City State Zip Code  
Springfield MA 01108

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

Name of Employer Occupation  
AT HOME AT HOME

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2008

**Transaction ID:** SA11AI.10447607

Amount of Each Receipt this Period  
1000.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 113  
(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

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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT MARK PLATT

Mailing Address 146 Saconesset Rd

City Falmouth State MA Zip Code 02540

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

Name of Employer NATIONAL CONSULTING LLC Occupation GOVERNMENT RELATIONS

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 05 / 27 / 2008

Transaction ID: SA11AI.10450180

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)  
BRUCE POLISHOOK

Mailing Address 121 Forest Ave

City Newton State MA Zip Code 02465

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 05 / 15 / 2008

Transaction ID: SA11AI.10448423

Amount of Each Receipt this Period 2000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
HENRI S RAUSCHENBACH

Mailing Address PO Box 1064

City Brewster State MA Zip Code 02631

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

Name of Employer RAUSCHENBACH ASSOCIATES Occupation PRINCIPAL

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 05 / 15 / 2008

Transaction ID: SA11AI.10448471

Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 113

(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
HENRI S RAUSCHENBACH

Mailing Address PO Box 1064

City State Zip Code  
Brewster MA 02631

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

Name of Employer  
RAUSCHENBACH ASSOCIATES

Occupation  
PRINCIPAL

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 15 / 2008

Transaction ID: SA11AI.10449910

Amount of Each Receipt this Period

-200.00

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

**B.**

Full Name (Last, First, Middle Initial)  
HENRI S RAUSCHENBACH

Mailing Address PO Box 1064

City State Zip Code  
Brewster MA 02631

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

Name of Employer  
RAUSCHENBACH ASSOCIATES

Occupation  
PRINCIPAL

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 15 / 2008

Transaction ID: SA11AI.10449911

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)  
EDWARD J REAVEY

Mailing Address 59 S Gate St

City State Zip Code  
Dedham MA 02026

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

Name of Employer  
UNKNOWN

Occupation  
INVESTIGATOR

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 09 / 2008

Transaction ID: SA11AI.10447626

Amount of Each Receipt this Period

225.00

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

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

225.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 113  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
DAVID REZNICK

Mailing Address 12103 Greenleaf Ave

City State Zip Code  
Potomac MD 20854

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

Name of Employer REZNICK, FEDDER & SILVERMAN Occupation ACCOUNTANT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448486

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)  
DAVID RICCIO

Mailing Address 375 Rice Ave

City State Zip Code  
Revere MA 02151

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

Name of Employer CAFFE VITTORIA Occupation OWNER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448516

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
GINA RICCIO

Mailing Address 375 Rice Ave

City State Zip Code  
Revere MA 02151

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

Name of Employer CAFFE VITTORIA Occupation OWNER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448440

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 113  
(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
							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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial) GERALD M RIDGE		Date of Receipt MM / DD / YYYY 04 / 17 / 2008
Mailing Address 780 E Broadway		<b>Transaction ID:</b> SA11AI.10445221
City Boston	State MA	Zip Code 02127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer G. M. RIDGE CORP.	Occupation EXECUTIVE	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) WILLIAM E RIORDAN		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 12 Appaloosa Cir		<b>Transaction ID:</b> SA11AI.10448509
City Hopkinton	State MA	Zip Code 01748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SUPREME FUEL CO	Occupation SALES	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) MICHAEL A RUANE		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 31 William Fairfield Dr		<b>Transaction ID:</b> SA11AI.10448480
City Wenham	State MA	Zip Code 01984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UNKNOWN	Occupation UNKNOWN	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 113  
(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
JEFFREY RUSSELL

Mailing Address 18 Watson Rd

City State Zip Code  
Quincy MA 02169

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

Name of Employer Occupation  
Norfolk County Sheriff'S Office Corrections Officer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2008

**Transaction ID:** SA11AI.10445204

Amount of Each Receipt this Period  
100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
SALVY J SACRO

Mailing Address Sacro Plaza

City State Zip Code  
Everett MA 02149

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

Name of Employer Occupation  
UNKNOWN UNKNOWN

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2008

**Transaction ID:** SA11AI.10445222

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
SALVY J SACRO

Mailing Address Sacro Plaza

City State Zip Code  
Everett MA 02149

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

Name of Employer Occupation  
UNKNOWN UNKNOWN

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2008

**Transaction ID:** SA11AI.10445223

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 113

(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
FRANCIS J SALLY

Mailing Address 35 Woodleigh Rd

City State Zip Code  
Dedham MA 02026

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

Name of Employer Occupation  
SALLY & FITZ ATTORNEY

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.10445215

Amount of Each Receipt this Period

50.00

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

**B.**

Full Name (Last, First, Middle Initial)  
FRANCIS J SALLY

Mailing Address 35 Woodleigh Rd

City State Zip Code  
Dedham MA 02026

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

Name of Employer Occupation  
SALLY & FITZ ATTORNEY

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.10445216

Amount of Each Receipt this Period

950.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MEGAN SANSONS

Mailing Address 175 Milton St

City State Zip Code  
Milton MA 02186

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

Name of Employer Occupation  
UBS FINANCIAL SERVICES INVESTMENT BANKER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.10448476

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
DAVID C SAWYER

Mailing Address 11 Balmy Way

City Middleborough State MA Zip Code 02346

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

Name of Employer SAFER PLACES, INC. Occupation PRESIDENT

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448511

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)  
PAUL G SHUMAN

Mailing Address 172 Marine Rd

City Boston State MA Zip Code 02127

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

Name of Employer CITY OF BOSTON Occupation TEACHER

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
04 / 17 / 2008

**Transaction ID:** SA11AI.10445165

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)  
JAMES E SMITH

Mailing Address 50 Congress St

City Boston State MA Zip Code 02109

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

Name of Employer SMITH & RESSACK Occupation ATTORNEY

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
05 / 15 / 2008

**Transaction ID:** SA11AI.10448500

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 113  
(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial) JEROME M SMITH		Date of Receipt MM / DD / YYYY 05 / 09 / 2008
Mailing Address 8 Ryder Ln		<b>Transaction ID:</b> SA11AI.10447610
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) SCOTT A STINER		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 28 Kipling Dr		<b>Transaction ID:</b> SA11AI.10448513
City Moosic	State PA	Zip Code 08507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer TAYLOR CONSULTING & CONTR-ACTING	Occupation GENERAL MANAGER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) TIMOTHY C SULLIVAN		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 5 Beryl St		<b>Transaction ID:</b> SA11AI.10448461
City Boston	State MA	Zip Code 02131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNKNOWN	Occupation UNKNOWN	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 113

(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)

ALICE MARIE TALLENT

Mailing Address 7 City Point CT

City State Zip Code  
Boston MA 02127

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 10 / 2008

Transaction ID: SA11AI.10444322

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)

ALEXANDER T TENNANT

Mailing Address 130 Atlantic Ave

City State Zip Code  
Swampscott MA 01907

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

Name of Employer Occupation  
SELF EMPLOYED MANAGEMENT CONSULTANT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 15 / 2008

Transaction ID: SA11AI.10448541

Amount of Each Receipt this Period

2000.00

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

**C.**

Full Name (Last, First, Middle Initial)

RICHARD TORSNEY, JR

Mailing Address PO Box 801

City State Zip Code  
Humarock MA 02047

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

Name of Employer Occupation  
ON-LINE CABLE SERVICES, INC. PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 17 / 2008

Transaction ID: SA11AI.10445220

Amount of Each Receipt this Period

500.00

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

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

2750.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
RICHARD TORSNEY, JR  
Mailing Address PO Box 801  
City Humarock State MA Zip Code 02047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ON-LINE CABLE SERVICES, INC. Occupation PRESIDENT  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10448436  
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)  
MICHAEL A TRAVERS, II  
Mailing Address 74 Hillcrest Rd  
City Weymouth State MA Zip Code 02189  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NIGHTINGALE CONSTRUCTION Occupation CONTRACTOR  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00  
Date of Receipt 05 / 15 / 2008  
Transaction ID: SA11AI.10448515  
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)  
GEORGE T TREMBLAY  
Mailing Address 81 Hart St  
City Beverly State MA Zip Code 01915  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ARROWSTREET INC. Occupation ARCHITECT  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 04 / 17 / 2008  
Transaction ID: SA11AI.10445226  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 113  
(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
							15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
GEORGE A VIOLIN

Mailing Address 16 Main St

City State Zip Code  
Dover MA 02030

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

Name of Employer  
MEDICAL EYE CARE ASSOCIAT-ES PC

Occupation  
SURGEON

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2008

Transaction ID: SA11AI.10447603

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

**B.**

Full Name (Last, First, Middle Initial)  
PATRICIA EVANS WHITE

Mailing Address 25 Channel Center

City State Zip Code  
Boston MA 02210

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

Name of Employer  
ROBERT WHITE ASSOCIATES INC

Occupation  
VICE PRESIDENT

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.10448458

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

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT F WHITE

Mailing Address 25 Channel Ctr St

City State Zip Code  
Boston MA 02210

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

Name of Employer  
ROBERT WHITE ASSOC

Occupation  
LOBBYIST

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period  
2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: SA11AI.10448457

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 113  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
KAREN FISH WILL

Mailing Address 536 Granite St

City Braintree State MA Zip Code 02184

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

Name of Employer PEABODY PROPERTIES Occupation REAL ESTATE

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2008  
**Transaction ID:** SA11AI.10448411  
 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)  
ARTHUR M WINN

Mailing Address 6 Faneuil Hall Marketplace

City Boston State MA Zip Code 02109

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

Name of Employer WINN DEVELOPMENT CO. Occupation C.E.O.

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 05 / 15 / 2008  
**Transaction ID:** SA11AI.10448450  
 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)  
ARTHUR M WINN

Mailing Address 6 Faneuil Hall Marketplace

City Boston State MA Zip Code 02109

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

Name of Employer WINN DEVELOPMENT CO. Occupation C.E.O.

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 05 / 15 / 2008  
**Transaction ID:** SA11AI.10449898  
 Amount of Each Receipt this Period -1200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 113  
(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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial) ARTHUR M WINN		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 6 Faneuil Hall Marketplace		<b>Transaction ID:</b> SA11AI.10449899
City Boston	State MA	Zip Code 02109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer WINN DEVELOPMENT CO.	Occupation C.E.O.	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

**B.**

Full Name (Last, First, Middle Initial) KATHLEEN T YOUNG		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 63 Chestnut St		<b>Transaction ID:</b> SA11AI.10448467
City Boston	State MA	Zip Code 02108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ALLIANCE FOR PRUDENT USE OF ANTIBIOTIC	Occupation EXECUTIVE DIRECTOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

**C.**

Full Name (Last, First, Middle Initial) CHARLES R YUSKOWSKI		Date of Receipt MM / DD / YYYY 04 / 17 / 2008
Mailing Address 8 Cara Dr		<b>Transaction ID:</b> SA11AI.10445217
City Weymouth	State MA	Zip Code 02188
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer M.B.T.A.	Occupation MACHINIST	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1950.00
<b>TOTAL</b> This Period (last page this line number only) .....	107938.30

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
AFSCME PEOPLE  
Mailing Address 1625 L Street NW  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00011114  
Name of Employer UNKNOWN Occupation UNKNOWN  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00  
Date of Receipt 04 / 17 / 2008  
Transaction ID: SA11C.10445225  
Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AIR LINE PILOTS ASSOCIATION PAC  
Mailing Address 6400 Shafer CT  
City Rosemont State IL Zip Code 60018  
FEC ID number of contributing federal political committee. **C** C00041061  
Name of Employer UNKNOWN Occupation UNKNOWN  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00  
Date of Receipt 06 / 30 / 2008  
Transaction ID: SA11C.10459291  
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)  
AMERICAN BANKERS ASSOCIATION PAC  
Mailing Address 1120 Connecticut Avenue NW  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00004275  
Name of Employer UNKNOWN Occupation UNKNOWN  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00  
Date of Receipt 06 / 30 / 2008  
Transaction ID: SA11C.10459307  
Amount of Each Receipt this Period 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 113
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) AMERICAN CRYSTAL SUGAR COMPANY		Date of Receipt
	Mailing Address 101 N. Third Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Moorhead	MN	56560
	FEC ID number of contributing federal political committee.		<input type="text" value="C00110338"/>
Name of Employer UNKNOWN		Occupation UNKNOWN	<b>Transaction ID:</b> SA11C.10459309
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="5000.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) ANHEUSER-BUSCH CORPORATION		Date of Receipt
	Mailing Address 1401 I St NW		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		<input type="text" value="C00034488"/>
Name of Employer UNKNOWN		Occupation UNKNOWN	<b>Transaction ID:</b> SA11C.10459321
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="2000.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) American Academy of Audiology, Inc PAC		Date of Receipt
	Mailing Address 11730 Plza America Dr		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Reston	VA	20190
	FEC ID number of contributing federal political committee.		<input type="text" value="C00342972"/>
Name of Employer UNKNOWN		Occupation UNKNOWN	<b>Transaction ID:</b> SA11C.10459302
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="8000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 56 / 113</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) American Association for Justice PAC		Date of Receipt
	Mailing Address 1050 31st St NW		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20007
	FEC ID number of contributing federal political committee. <b>C</b> C00024521		Transaction ID: SA11C.10459293
Name of Employer UNKNOWN		Occupation UNKNOWN	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="4000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) BANK OF AMERICA		Date of Receipt
	Mailing Address 1909 K St NW		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee. <b>C</b> C00364778		Transaction ID: SA11C.10450195
Name of Employer UNKNOWN		Occupation UNKNOWN	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2000.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) BOILERMAKERS-BLACKSMITHS PAC		Date of Receipt
	Mailing Address 753 State Avenue		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Kansas City	KS	66101
	FEC ID number of contributing federal political committee. <b>C</b> C00005157		Transaction ID: SA11C.10459288
Name of Employer UNKNOWN		Occupation UNKNOWN	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="2000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="4000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 57 / 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
BUILD POLITICAL ACTION COMMITTEE  
Mailing Address 1201 15th Street N.W.  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00000901  
Name of Employer UNKNOWN Occupation UNKNOWN  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00  
Date of Receipt 05 / 27 / 2008  
Transaction ID: SA11C.10450192  
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)  
CITIGROUP  
Mailing Address 1101 Pennsylvania Ave NW  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00008474  
Name of Employer UNKNOWN Occupation UNKNOWN  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00  
Date of Receipt 05 / 30 / 2008  
Transaction ID: SA11C.10452489  
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)  
CITIGROUP  
Mailing Address 1101 Pennsylvania Ave NW  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00008474  
Name of Employer UNKNOWN Occupation UNKNOWN  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00  
Date of Receipt 06 / 30 / 2008  
Transaction ID: SA11C.10459320  
Amount of Each Receipt this Period 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
CREDIT UNION LEGISLATIVE ACTION COUNCIL

Mailing Address 601 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: 05 / 15 / 2008  
**Transaction ID:** SA11C.10448533  
 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)  
CWA COPE PCC

Mailing Address 501 3rd St NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 05 / 15 / 2008  
**Transaction ID:** SA11C.10448531  
 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)  
FANNIE MAE PAC

Mailing Address 3900 Wisconsin Avenue NW

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00393520

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 05 / 15 / 2008  
**Transaction ID:** SA11C.10448525  
 Amount of Each Receipt this Period: 1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
FANNIE MAE PAC

Mailing Address 3900 Wisconsin Avenue NW

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00393520

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 05 / 15 / 2008  
**Transaction ID:** SA11C.10448527  
 Amount of Each Receipt this Period: 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
FMR CORP POLITICAL ACTION COMMITTEE

Mailing Address 82 Devonshire Street

City Boston State MA Zip Code 02109

FEC ID number of contributing federal political committee. **C** C00215046

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** SA11C.10459322  
 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)  
HUMAN RIGHTS CAMPAIGN PAC

Mailing Address 1640 Rhode Island Avenue NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** SA11C.10459303  
 Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
INDEP. INSURANCE AGENTS OF AMERICA, PAC  
Mailing Address 412 First St., SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 05 / 15 / 2008  
**Transaction ID:** SA11C.10448428  
 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)  
INT'L LONGSHOREMEN'S ASSOCIATION PAC  
Mailing Address 17 Battery Place

City New York State NY Zip Code 10004

FEC ID number of contributing federal political committee. **C** C00158576

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 05 / 09 / 2008  
**Transaction ID:** SA11C.10447618  
 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)  
INTERNATIONAL ASSOC OF FIRE FIGHTERS  
Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** SA11C.10459298  
 Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 113  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
JOHN HANCOCK FINANCIAL SERVICES PAC

Mailing Address 200 Clarendon St

City State Zip Code  
Boston MA 02116

FEC ID number of contributing federal political committee. **C** C00137265

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

**Transaction ID:** SA11C.10448529

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)  
JOHN HANCOCK FINANCIAL SERVICES PAC

Mailing Address 200 Clarendon St

City State Zip Code  
Boston MA 02116

FEC ID number of contributing federal political committee. **C** C00137265

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** SA11C.10459305

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)  
LIBERTY MUTUAL INSURANCE COMPANY, PAC

Mailing Address 175 Berkley Street

City State Zip Code  
Boston MA 02116

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

**Transaction ID:** SA11C.10459284

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 113  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
MASSACHUSETTS MUTUAL LIFE INSURANCE CO.  
Mailing Address 325 7th St.

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 05 / 15 / 2008  
**Transaction ID:** SA11C.10448538  
Amount of Each Receipt this Period: 2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MASSACHUSETTS MUTUAL LIFE INSURANCE CO.  
Mailing Address 325 7th St.

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 05 / 15 / 2008  
**Transaction ID:** SA11C.10448539  
Amount of Each Receipt this Period: 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mass Bankers PAC Federal Fund  
Mailing Address 73 Tremont St

City Boston State MA Zip Code 02108

FEC ID number of contributing federal political committee. **C** C00221507

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 05 / 15 / 2008  
**Transaction ID:** SA11C.10448528  
Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 113  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Political Educational Fund of the BCTD  
Mailing Address 815 16th St NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00003160

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** SA11C.10459289  
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)  
RAYTHEON COMPANY PAC  
Mailing Address 1100 Wilson Blvd

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 05 / 09 / 2008  
**Transaction ID:** SA11C.10447620  
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)  
RAYTHEON COMPANY PAC  
Mailing Address 1100 Wilson Blvd

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** SA11C.10459310  
Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
SHEET METAL WORKERS INTERNATIONAL, PAC  
Mailing Address 1750 New York Ave, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** SA11C.10459327  
 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)  
TRANSPORT WORKERS UNION, PAC  
Mailing Address 10 G Street, NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 04 / 17 / 2008  
**Transaction ID:** SA11C.10445224  
 Amount of Each Receipt this Period: 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
UNITED AUTO WORKERS VCAP  
Mailing Address 8000 East Jefferson Avenue

City Detroit State MI Zip Code 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 06 / 30 / 2008  
**Transaction ID:** SA11C.10459295  
 Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
UNITED FOOD AND COMMERCIAL WORKERS

Mailing Address 1775 K Street NW, 7th Floor

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. C C00002766

Name of Employer Occupation  
UNKNOWN UNKNOWN

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 9000.00

Date of Receipt M M / D D / Y Y Y Y  
06 / 30 / 2008

**Transaction ID:** SA11C.10459306

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)  
Wolf Block Federal PAC

Mailing Address 1650 Arch St FL

City State Zip Code  
Philadelphia PA 19103

FEC ID number of contributing federal political committee. C C00162719

Name of Employer Occupation  
UNKNOWN UNKNOWN

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 25 / 2008

**Transaction ID:** SA11C.10446026

Amount of Each Receipt this Period 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;">58500.00</span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
MARGARET M LYNCH

Mailing Address 55 G St

City State Zip Code  
Boston MA 02127

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

Name of Employer  
PAYMENT FOR PERSONAL Occupation  
USE OF CAMPAIGN VEH.

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2310.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2008

Transaction ID: SA14.10452447

Amount of Each Receipt this Period  
110.00

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

**B.** Full Name (Last, First, Middle Initial)  
MARGARET M LYNCH

Mailing Address 55 G St

City State Zip Code  
Boston MA 02127

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

Name of Employer  
PAYMENT FOR PERSONAL Occupation  
USE OF CAMPAIGN VEH.

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2420.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2008

Transaction ID: SA14.10452448

Amount of Each Receipt this Period  
110.00

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

**C.** Full Name (Last, First, Middle Initial)  
MARGARET M LYNCH

Mailing Address 55 G St

City State Zip Code  
Boston MA 02127

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

Name of Employer  
PAYMENT FOR PERSONAL Occupation  
USE OF CAMPAIGN VEH.

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2530.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2008

Transaction ID: SA14.10458836

Amount of Each Receipt this Period  
110.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **330.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 67 / 113	
	(check only one)			
<input 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 checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Paychex		Date of Receipt
	Mailing Address PO Box 940459		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60696
	FEC ID number of contributing federal political committee.		Transaction ID: SA14.10460712
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer UNKNOWN		Refund of overpayment	
Occupation UNKNOWN		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008			
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<input type="text" value="74.70"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="31.59"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="361.59"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 113  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
CITIZENS BANK

Mailing Address PO Box 789

City State Zip Code  
Providence RI 02901

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 11562.51

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 6 / 2 0 0 8

**Transaction ID:** SA15.10460713

Amount of Each Receipt this Period  
457.12

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

**B.** Full Name (Last, First, Middle Initial)  
CITIZENS BANK

Mailing Address PO Box 789

City State Zip Code  
Providence RI 02901

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 12096.13

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 6 / 2 0 0 8

**Transaction ID:** SA15.10460714

Amount of Each Receipt this Period  
533.62

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

**C.** Full Name (Last, First, Middle Initial)  
CITIZENS BANK

Mailing Address PO Box 789

City State Zip Code  
Providence RI 02901

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 26761.40

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 8 / 2 0 0 8

**Transaction ID:** SA15.10460715

Amount of Each Receipt this Period  
14665.27

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15656.01**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 113  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
CITIZENS BANK

Mailing Address PO Box 789

City Providence State RI Zip Code 02901

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 27333.65

Date of Receipt 06 / 15 / 2008  
**Transaction ID:** SA15.10460716  
Amount of Each Receipt this Period 572.25

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

**B.** Full Name (Last, First, Middle Initial)  
DANIEL J HURLEY

Mailing Address 76 G St

City Boston State MA Zip Code 02127

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 16500.00

Date of Receipt 04 / 25 / 2008  
**Transaction ID:** SA15.10446039  
Amount of Each Receipt this Period 1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
DANIEL J HURLEY

Mailing Address 76 G St

City Boston State MA Zip Code 02127

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 18000.00

Date of Receipt 05 / 15 / 2008  
**Transaction ID:** SA15.10448402  
Amount of Each Receipt this Period 1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3572.25

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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(check only one)

<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
DANIEL J HURLEY

Mailing Address 76 G St

City State Zip Code  
Boston MA 02127

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 19500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2008

**Transaction ID:** SA15.10459325

Amount of Each Receipt this Period  
1500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MT. WASHINGTON BANK

Mailing Address 708 East Broadway

City State Zip Code  
South Boston MA 02127

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 759.27

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2008

**Transaction ID:** SA15.10460717

Amount of Each Receipt this Period  
39.85

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

**C.**

Full Name (Last, First, Middle Initial)  
MT. WASHINGTON BANK

Mailing Address 708 East Broadway

City State Zip Code  
South Boston MA 02127

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

Name of Employer UNKNOWN Occupation UNKNOWN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 803.60

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** SA15.10460718

Amount of Each Receipt this Period  
44.33

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1584.18**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 113  
 (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
MT. WASHINGTON BANK

Mailing Address 708 East Broadway

City State Zip Code  
South Boston MA 02127

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

Name of Employer Occupation  
UNKNOWN UNKNOWN

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

847.95

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 14 / 2008

Transaction ID: SA15.10460719

Amount of Each Receipt this Period  
 44.35

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	44.35
<b>TOTAL</b> This Period (last page this line number only) .....	▶	20856.79

# 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)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
AT & T

Transaction ID: SB17.109974  
Date of Disbursement

Mailing Address PO Box 536216

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	8

City Atlanta State GA Zip Code 30353

Amount of Each Disbursement this Period

138.92
--------

Purpose of Disbursement  
Telephone expense

--

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

Candidate Name

--

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
AT & T

Transaction ID: SB17.110003  
Date of Disbursement

Mailing Address PO Box 536216

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

City Atlanta State GA Zip Code 30353

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
Telephone expense

--

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

Candidate Name

--

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
AT & T

Transaction ID: SB17.110004  
Date of Disbursement

Mailing Address PO Box 536216

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

City Atlanta State GA Zip Code 30353

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
Telephone expense

--

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

Candidate Name

--

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

238.92
--------

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

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# 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)  
Stephen F. Lynch for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) AT & T <hr/> Mailing Address PO Box 536216 <hr/> City Atlanta State GA Zip Code 30353 <hr/> Purpose of Disbursement Telephone expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110021 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 145.50
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) AT & T <hr/> Mailing Address PO Box 536216 <hr/> City Atlanta State GA Zip Code 30353 <hr/> Purpose of Disbursement Telephone expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110061 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 142.29
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) AT & T <hr/> Mailing Address PO Box 536216 <hr/> City Atlanta State GA Zip Code 30353 <hr/> Purpose of Disbursement Telephone expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110062 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 50.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	337.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) AT & T  Mailing Address PO Box 536216  City Atlanta State GA Zip Code 30353  Purpose of Disbursement Telephone expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110063 Date of Disbursement 06 / 14 / 2008  Amount of Each Disbursement this Period 50.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 1270  City Newark State NJ Zip Code 07101  Purpose of Disbursement credit card statement (see memo) Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110086 Date of Disbursement 05 / 01 / 2008  Amount of Each Disbursement this Period 1334.46  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Castle Self Storage  Mailing Address 39 Old Colony Ave  City South Boston State MA Zip Code 02127  Purpose of Disbursement credit card - Storage expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110086.10 Date of Disbursement 05 / 01 / 2008  Amount of Each Disbursement this Period 204.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1384.46

**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)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement  
credit card - Membership renewal expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110086.2  
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

200.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 8-C Allstate Road

City Dorchester State MA Zip Code 02125

Purpose of Disbursement  
credit card - Office supplies expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110086.7  
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

258.30

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Postmaster Boston

Mailing Address Fort Point Station

City Boston State MA Zip Code 02205

Purpose of Disbursement  
credit card - Postage expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110086.9  
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

246.00

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

[MEMO ITEM]

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)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 1270  City Newark State NJ Zip Code 07101  Purpose of Disbursement credit card statement (see memo) Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110098 Date of Disbursement 05 / 27 / 2008  Amount of Each Disbursement this Period 542.40  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Castle Self Storage  Mailing Address 39 Old Colony Ave  City South Boston State MA Zip Code 02127  Purpose of Disbursement credit card - Storage expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110098.2 Date of Disbursement 05 / 27 / 2008  Amount of Each Disbursement this Period 204.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Postmaster Boston  Mailing Address Fort Point Station  City Boston State MA Zip Code 02205  Purpose of Disbursement credit card - Postage expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110098.3 Date of Disbursement 05 / 27 / 2008  Amount of Each Disbursement this Period 212.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	542.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul Barrett <hr/> Mailing Address One Beacon St, Ste 1320 <hr/> City Boston State MA Zip Code 02108 <hr/> Purpose of Disbursement In-Kind: Catering <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	<b>Transaction ID:</b> SB17.109237 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 363.30 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Boston Herald <hr/> Mailing Address PO Box 981068 <hr/> City Boston State MA Zip Code 02298 <hr/> Purpose of Disbursement Subscription expense <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	<b>Transaction ID:</b> SB17.110043 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 25.04 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Broadway Costume Company <hr/> Mailing Address 300 Needham St Newton, MA 02464 At <hr/> City Newton State MA Zip Code 02464 <hr/> Purpose of Disbursement 17, Parade Costume expense:P2008 <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	<b>Transaction ID:</b> SB17.110076 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 350.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>738.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) Brookline Bank <hr/> Mailing Address PO Box 740742 <hr/> City Chincinnati State OH Zip Code 45274 <hr/> Purpose of Disbursement Auto expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.109976 Date of Disbursement 04 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 766.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Brookline Bank <hr/> Mailing Address PO Box 740742 <hr/> City Chincinnati State OH Zip Code 45274 <hr/> Purpose of Disbursement Auto expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110014 Date of Disbursement 05 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 766.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Brookline Bank <hr/> Mailing Address PO Box 740742 <hr/> City Chincinnati State OH Zip Code 45274 <hr/> Purpose of Disbursement Auto expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110066 Date of Disbursement 06 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 766.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2298.45

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
C & G Service

Mailing Address 77 L Street

City South Boston State MA Zip Code 02127

Purpose of Disbursement  
Auto service expense  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.110023  
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

210.20

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

B.

Full Name (Last, First, Middle Initial)  
C&G Service

Mailing Address 77 L St

City South Boston State MA Zip Code 02127

Purpose of Disbursement  
Auto expense  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.110001  
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

263.28

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

C.

Full Name (Last, First, Middle Initial)  
C&G Service

Mailing Address 77 L St

City South Boston State MA Zip Code 02127

Purpose of Disbursement  
Auto expense  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.110060  
Date of Disbursement

06 / 14 / 2008

Amount of Each Disbursement this Period

300.51

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

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

773.99

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Stephen F. Lynch for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Chick Montana Group

Mailing Address 202 Bonham Road

City Dedham State MA Zip Code 02026

Purpose of Disbursement  
Accounting & compliance services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.109978  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**B.**

Full Name (Last, First, Middle Initial)  
Chick Montana Group

Mailing Address 202 Bonham Road

City Dedham State MA Zip Code 02026

Purpose of Disbursement  
Accounting & compliance services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.109994  
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)  
Chick Montana Group

Mailing Address 202 Bonham Road

City Dedham State MA Zip Code 02026

Purpose of Disbursement  
Supplies expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.110013  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Chick Montana Group <hr/> Mailing Address 202 Bonham Road <hr/> City Dedham State MA Zip Code 02026 <hr/> Purpose of Disbursement Accounting & compliance services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110016 Date of Disbursement 05 / 09 / 2008 <hr/> Amount of Each Disbursement this Period 1546.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Chick Montana Group <hr/> Mailing Address 202 Bonham Road <hr/> City Dedham State MA Zip Code 02026 <hr/> Purpose of Disbursement Accounting & compliance services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110038 Date of Disbursement 05 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 2103.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Chick Montana Group <hr/> Mailing Address 202 Bonham Road <hr/> City Dedham State MA Zip Code 02026 <hr/> Purpose of Disbursement Accounting & compliance services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110052 Date of Disbursement 06 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 1980.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**5630.63**

**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)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Chick Montana Group  Mailing Address 202 Bonham Road  City Dedham State MA Zip Code 02026  Purpose of Disbursement Accounting & compliance services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110069 Date of Disbursement 06 / 20 / 2008  Amount of Each Disbursement this Period 1856.25  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Commonwealth of Massachusetts  Mailing Address PO Box 7065  City Boston State MA Zip Code 02204  Purpose of Disbursement Income tax expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110050 Date of Disbursement 06 / 01 / 2008  Amount of Each Disbursement this Period 2114.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Dorchester Reporter  Mailing Address 150 Mt Vernon St #120  City Dorchester State MA Zip Code 02125  Purpose of Disbursement Advertising expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110034 Date of Disbursement 05 / 19 / 2008  Amount of Each Disbursement this Period 330.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4300.25

**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)  
Stephen F. Lynch for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Fowkes, Robert <hr/> Mailing Address 26 Miller Street <hr/> City Braintree State MA Zip Code 02184 <hr/> Purpose of Disbursement Travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.110064 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 193.78
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Gordon, James <hr/> Mailing Address 71 Paul Gore St. Unit 1 <hr/> City Jamaica Plain State MA Zip Code 02130 <hr/> Purpose of Disbursement Travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.110044 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 104.21
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Groundex <hr/> Mailing Address PO Box 130349 <hr/> City Boston State MA Zip Code 02113 <hr/> Purpose of Disbursement Postage & Delivery expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.109975 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 43.86
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**341.85**

**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)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Groundex

Mailing Address PO Box 130349

City Boston State MA Zip Code 02113

Purpose of Disbursement  
Postage & Delivery expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.109986  
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

29.78

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

B.

Full Name (Last, First, Middle Initial)  
Groundex

Mailing Address PO Box 130349

City Boston State MA Zip Code 02113

Purpose of Disbursement  
Postage & Delivery expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.109990  
Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

14.89

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

C.

Full Name (Last, First, Middle Initial)  
Groundex

Mailing Address PO Box 130349

City Boston State MA Zip Code 02113

Purpose of Disbursement  
Postage & Delivery expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110022  
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

14.89

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

59.56

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)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) Groundex  Mailing Address PO Box 130349  City Boston State MA Zip Code 02113  Purpose of Disbursement Postage & Delivery expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110032 Date of Disbursement 05 / 16 / 2008  Amount of Each Disbursement this Period 28.97  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Groundex  Mailing Address PO Box 130349  City Boston State MA Zip Code 02113  Purpose of Disbursement Postage & Delivery expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110036 Date of Disbursement 05 / 19 / 2008  Amount of Each Disbursement this Period 15.28  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Groundex  Mailing Address PO Box 130349  City Boston State MA Zip Code 02113  Purpose of Disbursement Postage & Delivery expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110041 Date of Disbursement 05 / 27 / 2008  Amount of Each Disbursement this Period 15.28  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

59.53

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)

<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)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Groundex

Mailing Address PO Box 130349

City Boston State MA Zip Code 02113

Purpose of Disbursement  
Postage & Delivery expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110065  
Date of Disbursement

06 / 14 / 2008

Amount of Each Disbursement this Period

15.28

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

B.

Full Name (Last, First, Middle Initial)  
Groundex

Mailing Address PO Box 130349

City Boston State MA Zip Code 02113

Purpose of Disbursement  
Postage & Delivery expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110068  
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

15.28

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

C.

Full Name (Last, First, Middle Initial)  
Groundex

Mailing Address PO Box 130349

City Boston State MA Zip Code 02113

Purpose of Disbursement  
Postage & Delivery expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110074  
Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

15.28

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

45.84

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Kelley, Michael  Mailing Address PO Box 38  City Danby State VT Zip Code 05739  Purpose of Disbursement Event music expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.109998 Date of Disbursement 04 / 25 / 2008  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
<b>B.</b>	Full Name (Last, First, Middle Initial) LaFave, Lori B.  Mailing Address 200 E Jefferson St  City Falls Church State VA Zip Code 22046  Purpose of Disbursement Consulting expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.110072 Date of Disbursement 06 / 20 / 2008  Amount of Each Disbursement this Period 2000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Leahy, David  Mailing Address 3 Mt Vernon Street  City Stoneham State MA Zip Code 02180  Purpose of Disbursement Event music expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.109999 Date of Disbursement 04 / 25 / 2008  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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2400.00

**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)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) Merchant Bankcard <hr/> Mailing Address PO Box 2048 <hr/> City Simi Valley State CA Zip Code 93062 <hr/> Purpose of Disbursement Bank fees expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.109977 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 15.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Merchant Bankcard <hr/> Mailing Address PO Box 2048 <hr/> City Simi Valley State CA Zip Code 93062 <hr/> Purpose of Disbursement Bank fees expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.109981 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 43.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Merchant Bankcard <hr/> Mailing Address PO Box 2048 <hr/> City Simi Valley State CA Zip Code 93062 <hr/> Purpose of Disbursement Bank fees expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110025 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 53.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

112.16

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)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) Merchant Bankcard  Mailing Address PO Box 2048  City Simi Valley State CA Zip Code 93062 Purpose of Disbursement Bank service charge Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110123 Date of Disbursement 05 / 31 / 2008  Amount of Each Disbursement this Period 76.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Metro South Chamber of Commerce  Mailing Address 60 School St  City Brockton State MA Zip Code 02301 Purpose of Disbursement Meetings expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110048 Date of Disbursement 05 / 30 / 2008  Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Miller, Brian F.  Mailing Address 105 Farragut Road  City South Boston State MA Zip Code 02127 Purpose of Disbursement Meetings expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110020 Date of Disbursement 05 / 09 / 2008  Amount of Each Disbursement this Period 217.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>329.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Miller, Brian F. <hr/> Mailing Address 105 Farragut Road <hr/> City South Boston State MA Zip Code 02127 <hr/> Purpose of Disbursement Meetings expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.110027 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 95.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Miller, Lori A. <hr/> Mailing Address 105 Farragut Rd <hr/> City South Boston State MA Zip Code 02127 <hr/> Purpose of Disbursement Salary Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.109979 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1177.52 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Miller, Lori A. <hr/> Mailing Address 105 Farragut Rd <hr/> City South Boston State MA Zip Code 02127 <hr/> Purpose of Disbursement Salary Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.109995 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1177.52 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2450.04</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Miller, Lori A.

Transaction ID: SB17.110017  
Date of Disbursement

Mailing Address 105 Farragut Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

City State Zip Code  
South Boston MA 02127

Amount of Each Disbursement this Period

1177.52
---------

Purpose of Disbursement  
Salary Expense  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Miller, Lori A.

Transaction ID: SB17.110039  
Date of Disbursement

Mailing Address 105 Farragut Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

City State Zip Code  
South Boston MA 02127

Amount of Each Disbursement this Period

1177.52
---------

Purpose of Disbursement  
Salary Expense  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Miller, Lori A.

Transaction ID: SB17.110053  
Date of Disbursement

Mailing Address 105 Farragut Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	0	8

City State Zip Code  
South Boston MA 02127

Amount of Each Disbursement this Period

1177.52
---------

Purpose of Disbursement  
Salary Expense  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

3532.56
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TOTAL This Period (last page this line number only) ..... ▶

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# 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)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Miller, Lori A.  Mailing Address 105 Farragut Rd  City South Boston State MA Zip Code 02127  Purpose of Disbursement Salary Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.110070 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 8  Amount of Each Disbursement this Period 1177.52  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Norfolk & Dedham Mutual Fire Insurance Co  Mailing Address c/o The Norfolk & Dedham Group PO  City Woburn State MA Zip Code 01888  Purpose of Disbursement Insurance expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.110006 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8  Amount of Each Disbursement this Period 675.33  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Norfolk & Dedham Mutual Fire Insurance Co  Mailing Address c/o The Norfolk & Dedham Group PO  City Woburn State MA Zip Code 01888  Purpose of Disbursement Insurance expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.110042 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8  Amount of Each Disbursement this Period 4022.01  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5874.86</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Stephen F. Lynch for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Norfolk &amp; Dedham Mutual Fire Insurance Co</p> <p>Mailing Address c/o The Norfolk &amp; Dedham Group PO</p> <p>City Woburn State MA Zip Code 01888</p> <p>Purpose of Disbursement Insurance expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.110073</p> <p>Date of Disbursement 06 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 228.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pat's of Lower Mills</p> <p>Mailing Address 2254 Dorchester Avenue</p> <p>City Dorchester State MA Zip Code 02124</p> <p>Purpose of Disbursement Meetings expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.110030</p> <p>Date of Disbursement 05 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 380.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address PO Box 940459</p> <p>City Chicago State IL Zip Code 60696</p> <p>Purpose of Disbursement Payroll tax expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.109980</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 496.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1105.27

**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)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) Paychex  Mailing Address PO Box 940459  City Chicago State IL Zip Code 60696  Purpose of Disbursement Payroll tax expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.109996 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 8  Amount of Each Disbursement this Period 496.34  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paychex  Mailing Address PO Box 940459  City Chicago State IL Zip Code 60696  Purpose of Disbursement Payroll tax expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110018 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8  Amount of Each Disbursement this Period 471.76  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Paychex  Mailing Address PO Box 940459  City Chicago State IL Zip Code 60696  Purpose of Disbursement Payroll tax expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110024 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8  Amount of Each Disbursement this Period 116.35  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1084.45</b>
<b>TOTAL</b> 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)  
Stephen F. Lynch for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex <hr/> Mailing Address PO Box 940459 <hr/> City Chicago State IL Zip Code 60696 <hr/> Purpose of Disbursement Payroll tax expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110040 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 462.07
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Paychex <hr/> Mailing Address PO Box 940459 <hr/> City Chicago State IL Zip Code 60696 <hr/> Purpose of Disbursement Payroll tax expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110054 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 462.07
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex <hr/> Mailing Address PO Box 940459 <hr/> City Chicago State IL Zip Code 60696 <hr/> Purpose of Disbursement Payroll tax expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110055 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 112.06
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1036.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Stephen F. Lynch for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address PO Box 940459</p> <p>City Chicago State IL Zip Code 60696</p> <p>Purpose of Disbursement Payroll tax expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.110071</p> <p>Date of Disbursement 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 462.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert J. Fowkes</p> <p>Mailing Address 26 Miller St</p> <p>City Braintree State MA Zip Code 02184</p> <p>Purpose of Disbursement 17;Event music expense,P2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.109997</p> <p>Date of Disbursement 04 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sage Systems LLC</p> <p>Mailing Address PO Box 2201</p> <p>City Peabody State MA Zip Code 01960</p> <p>Purpose of Disbursement Computer expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.109989</p> <p>Date of Disbursement 04 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1662.07

**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)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Sage Systems LLC

Transaction ID: SB17.109992  
Date of Disbursement

Mailing Address PO Box 2201

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

City Peabody State MA Zip Code 01960

Amount of Each Disbursement this Period

155.97
--------

Purpose of Disbursement  
Computer expense

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
South Boston Tribune

Transaction ID: SB17.110047  
Date of Disbursement

Mailing Address PO Box 6

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

City South Boston State MA Zip Code 02127

Amount of Each Disbursement this Period

150.00
--------

Purpose of Disbursement  
Advertising expense

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
SouthBostonOnline Corp.

Transaction ID: SB17.109987  
Date of Disbursement

Mailing Address 663 East Broadway

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

City South Boston State MA Zip Code 02127

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Advertising Expense

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

805.97
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TOTAL This Period (last page this line number only) ..... ►

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# 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)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) Sprint PCS Mailing Address PO Box 105243 City Atlanta State GA Zip Code 30348 Purpose of Disbursement Telephone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110026 Date of Disbursement 05 / 16 / 2008 Amount of Each Disbursement this Period 161.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Stapleton Floral Mailing Address 635 East Broadway Street City South Boston State MA Zip Code 02127 Purpose of Disbursement Flower expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.109973 Date of Disbursement 04 / 10 / 2008 Amount of Each Disbursement this Period 628.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Stapleton Floral Mailing Address 635 East Broadway Street City South Boston State MA Zip Code 02127 Purpose of Disbursement Flower expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110059 Date of Disbursement 06 / 14 / 2008 Amount of Each Disbursement this Period 311.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1102.18

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

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)  
Stephen F. Lynch for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Union Print Works</p> <p>Mailing Address 1193 River Street PO Box 366205</p> <p>City Hyde Park State MA Zip Code 02136</p> <p>Purpose of Disbursement Printing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.110037</p> <p>Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 451.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 15041</p> <p>City Worcester State MA Zip Code 01615</p> <p>Purpose of Disbursement Telephone expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.110012</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 116.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 15041</p> <p>City Worcester State MA Zip Code 01615</p> <p>Purpose of Disbursement Telephone expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.110049</p> <p>Date of Disbursement 05 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 109.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**676.64**

**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 100 / 113

<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)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) Verizon-B Mailing Address PO Box 1 City Worcester State MA Zip Code 01654 Purpose of Disbursement Telephone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110019 Date of Disbursement 05 / 09 / 2008 Amount of Each Disbursement this Period 115.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon-B Mailing Address PO Box 1 City Worcester State MA Zip Code 01654 Purpose of Disbursement Telephone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110075 Date of Disbursement 06 / 25 / 2008 Amount of Each Disbursement this Period 115.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 30131 City Tampa State FL Zip Code 33630 Purpose of Disbursement credit card statement (see memo) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110077 Date of Disbursement 04 / 15 / 2008 Amount of Each Disbursement this Period 1386.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1617.16

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 101 / 113

<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)  
Stephen F. Lynch for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
U.S. House of Representatives Gift Shop

Mailing Address U.S. Capitol

City Washington State DC Zip Code 20001

Purpose of Disbursement  
credit card - Gifts for service personnel  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

**Transaction ID:** SB17.110077.2  
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)  
U.S. House of Representatives Gift Shop

Mailing Address U.S. Capitol

City Washington State DC Zip Code 20001

Purpose of Disbursement  
credit card - Gifts expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

**Transaction ID:** SB17.110077.3  
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)  
Sol Azteca

Mailing Address 914 Beacon St #A

City Boston State MA Zip Code 02215

Purpose of Disbursement  
credit card - Meetings expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

**Transaction ID:** SB17.110077.6  
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)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 30131 City Tampa State FL Zip Code 33630 Purpose of Disbursement credit card statement (see memo) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110103 Date of Disbursement 05 / 16 / 2008 Amount of Each Disbursement this Period 2454.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) U.S. House of Representatives Gift Shop Mailing Address U.S. Capitol City Washington State DC Zip Code 20001 Purpose of Disbursement credit card - Gifts expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110103.1 Date of Disbursement 05 / 16 / 2008 Amount of Each Disbursement this Period 188.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Brasserie Beck Mailing Address 1101 K Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement credit card - Meetings expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110103.2 Date of Disbursement 05 / 16 / 2008 Amount of Each Disbursement this Period 497.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2454.46

**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)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Rosa Mexicano

Mailing Address 575 7th St NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
credit card - Meetings expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110103.3  
Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

303.48

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Filomena Ristorante

Mailing Address 1063 Wisconsin Ave NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
credit card - Meetings expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110103.4  
Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

385.54

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
U.S. House of Representatives Gift Shop

Mailing Address U.S. Capitol

City Washington State DC Zip Code 20001

Purpose of Disbursement  
credit card - Meetings expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110103.5  
Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

64.90

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

[MEMO ITEM]

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)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) U.S. House of Representatives Dining Room  Mailing Address U.S. Capitol  City Washington State DC Zip Code 20001 Purpose of Disbursement credit card - Meetings expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.110103.7 Date of Disbursement 05 / 16 / 2008  Amount of Each Disbursement this Period 136.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) National Rent-a-car  Mailing Address 6929 North Lakewood Avenue, Suite  City Tulsa State OK Zip Code 74117 Purpose of Disbursement credit card - Car rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.110103.8 Date of Disbursement 05 / 16 / 2008  Amount of Each Disbursement this Period 544.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) U.S. House of Representatives Dining Room  Mailing Address U.S. Capitol  City Washington State DC Zip Code 20001 Purpose of Disbursement credit card - Meetings expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.110103.9 Date of Disbursement 05 / 16 / 2008  Amount of Each Disbursement this Period 57.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 113

<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)  
Stephen F. Lynch for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 30131 City Tampa State FL Zip Code 33630 Purpose of Disbursement credit card statement (see memo) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110115 Date of Disbursement 06 / 19 / 2008 Amount of Each Disbursement this Period 886.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. House of Representatives Dining Room Mailing Address U.S. Capitol City Washington State DC Zip Code 20001 Purpose of Disbursement credit card - Meetings expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110115.0 Date of Disbursement 06 / 19 / 2008 Amount of Each Disbursement this Period 120.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) U.S. House of Representatives Gift Shop Mailing Address U.S. Capitol City Washington State DC Zip Code 20001 Purpose of Disbursement credit card - Gifts expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.110115.1 Date of Disbursement 06 / 19 / 2008 Amount of Each Disbursement this Period 109.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	886.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 113

<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)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
U.S. House of Representatives Gift Shop

Mailing Address U.S. Capitol

City Washington State DC Zip Code 20001

Purpose of Disbursement  
credit card - Gifts expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110115.2

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

95.18

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
U.S. House of Representatives Dining Room

Mailing Address U.S. Capitol

City Washington State DC Zip Code 20001

Purpose of Disbursement  
credit card - Meetings expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110115.3

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

112.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Sintra

Mailing Address 906 Washington St

City Braintree State MA Zip Code 02184

Purpose of Disbursement  
credit card - Meetings expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.110115.5

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

257.40

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 113

<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)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
PAUL BARRETT

Mailing Address ONE BEACON STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.10446019IK  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ..... ►

**363.30**

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

**48756.22**

# 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 108 / 113

<input 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 checked="" type="checkbox"/> 21

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)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Champions for Aisling

Mailing Address 149 M St

City South Boston State MA Zip Code 02127

Purpose of Disbursement  
Charitable contribution expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.110058  
Date of Disbursement

06 / 14 / 2008

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)  
DCCC

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Txfr of excess campaign funds

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.110051  
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

50000.00

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

C.

Full Name (Last, First, Middle Initial)  
Franciscan Hospital for Children

Mailing Address 30 Warren St

City Boston State MA Zip Code 02135

Purpose of Disbursement  
Charitable contribution expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.110009  
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

300.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

50800.00

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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) OPCCY Mailing Address Attn: Healthy Kids Walk 797 N. Mai City Brockton State MA Zip Code 02301 Purpose of Disbursement Charitable contribution expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.110067 Date of Disbursement 06 / 19 / 2008 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paraclete Foundation Mailing Address 207 E St City South Boston State MA Zip Code 02127 Purpose of Disbursement Charitable contribution expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.110007 Date of Disbursement 05 / 01 / 2008 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
C.	Full Name (Last, First, Middle Initial) Research Foundation For Ovarian Cancer Mailing Address c/o Johanna Grealish 58 Cliff Driv City North Attleboro State MA Zip Code 02760 Purpose of Disbursement Charitable contribution expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.109983 Date of Disbursement 04 / 15 / 2008 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

700.00

**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 110 / 113

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

A.	Full Name (Last, First, Middle Initial) Savin Hill Baseball League  Mailing Address 35 Deer St  City Dorchester State MA Zip Code 02125  Purpose of Disbursement Charitable contribution expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.110010 Date of Disbursement 05 / 01 / 2008  Amount of Each Disbursement this Period 400.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) South Boston Community Health Center  Mailing Address 409 W Broadway  City South Boston State MA Zip Code 02127  Purpose of Disbursement Charitable contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.109984 Date of Disbursement 04 / 15 / 2008  Amount of Each Disbursement this Period 250.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) St. Brigid's Parish  Mailing Address 841 East Broadway South Boston, MA  City South Boston State MA Zip Code 02127  Purpose of Disbursement Charitable contribution expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.110005 Date of Disbursement 05 / 01 / 2008  Amount of Each Disbursement this Period 1300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
St. Brigid's School

Mailing Address 866 East Broadway

City State Zip Code  
South Boston MA 02127

Purpose of Disbursement  
Charitable contribution expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.110002  
Date of Disbursement

/

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)  
St. Brigid's School

Mailing Address 866 East Broadway

City State Zip Code  
South Boston MA 02127

Purpose of Disbursement  
Charitable contribution expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.110011  
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)  
St. Brigid's School

Mailing Address 866 East Broadway

City State Zip Code  
South Boston MA 02127

Purpose of Disbursement  
Charitable contribution expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.110029  
Date of Disbursement

/

Amount of Each Disbursement this Period

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

**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 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

A.

Full Name (Last, First, Middle Initial)

Tropiculture

Mailing Address 401 Colonial Drive Unit 40

City Ipswich State MA Zip Code 01938

Purpose of Disbursement  
Plants for Mother's Day

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.110028

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**7750.00**

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

**61675.00**



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
Stephen F. Lynch for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Daniel J Hurley	Nature of Debt (Purpose): Misappropriated funds
Mailing Address 76 G Street	
City State ZIP Code South Boston MA 02127	

Outstanding Balance Beginning This Period 22053.00	<b>Transaction ID: SD9.47</b>	
Amount Incurred This Period 0.00	Payment This Period 4500.00	Outstanding Balance at Close of This Period 17553.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Political Accounts	Nature of Debt (Purpose): Deposit for phone lines
Mailing Address 5 Davis Farm Road	
City State ZIP Code Portland ME 04103	

Outstanding Balance Beginning This Period 350.00	<b>Transaction ID: SD9.11</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 350.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Political Accounts	Nature of Debt (Purpose): Deposit for phone lines
Mailing Address 5 Davis Farm Road	
City State ZIP Code Portland ME 04103	

Outstanding Balance Beginning This Period 1400.00	<b>Transaction ID: SD9.25</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1400.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	19303.00
2) <b>TOTALS</b> This Period (last page this line number only).....	19303.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	19303.00