

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**CAPUANO FOR CONGRESS COMMITTEE**

ADDRESS (number and street) PO BOX 440305  
 Check if different than previously reported. (ACC) SOMERVILLE MA 02144

2. **FEC IDENTIFICATION NUMBER** C C00336388 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
MA 07

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 09 / 08 / 2016 in the State of MA

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on   /   /   in the State of  

5. Covering Period 07 / 01 / 2016 through 08 / 19 / 2016

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 Mount

Signature of Treasurer Brian Mount *[Electronically Filed]* Date 08 / 23 / 2016

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

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**CAPUANO FOR CONGRESS COMMITTEE**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	46745.00	521529.11
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5325.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	46745.00	516204.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	29155.57	349269.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	491.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	29155.57	348778.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	656889.58	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2514.41	
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

**CAPUANO FOR CONGRESS COMMITTEE**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2250.00	115525.00
(ii) Unitemized.....	495.00	18154.11
(iii) TOTAL of contributions from individuals ▶	2745.00	133679.11
(b) Political Party Committees.....	0.00	2250.00
(c) Other Political Committees (such as PACs).....	44000.00	385600.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	46745.00	521529.11
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	491.08
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	4039.94
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	46745.00	526060.13

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29155.57	349269.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	24000.00	43296.00
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	5325.00
(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	5325.00
21. OTHER DISBURSEMENTS .....	46382.32	187769.17
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	99537.89	585659.80

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	709682.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	46745.00
25. SUBTOTAL (add Line 23 and Line 24).....	756427.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	99537.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	656889.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph E Corcoran**

Mailing Address 150 Mount Vernon St

City Boston State MA Zip Code 02125

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

Name of Employer Corcoran Jennison Occupation real estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2016

**Transaction ID : SA11AI.37090**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Melissa F Crane**

Mailing Address 3 Davenport Rd

City Weston State MA Zip Code 02493

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

Name of Employer Peabody Properties Occupation VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : SA11AI.37069**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Qishen Huang**

Mailing Address 10900 Stonecutter Pl

City Gaithersburg State MD Zip Code 20878

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

Name of Employer DC Water Occupation computer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2016

**Transaction ID : SA11AI.37094**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Francis A Shannon**

Mailing Address 1Bowdoin ST

City Boston State MA Zip Code 02114

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

Name of Employer Shannon Law Office Occupation attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : SA11AI.37072**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

500.00

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AECOM US FEDERAL PAC**

Mailing Address 3101 WILSON BLVD. SUITE 700

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C C00374447**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2016

**Transaction ID : SA11C.37056**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE. NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : SA11C.37058**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE. NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2016

**Transaction ID : SA11C.37076**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 40  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)**

Mailing Address 1015 15TH STREET, NW #802

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2016

**Transaction ID : SA11C.37078**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION PAC**

Mailing Address 1219 28th Street NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00118208

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2016

**Transaction ID : SA11C.37080**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC (BNSF RAILPAC)**

Mailing Address 500 New Jersey Ave NW #500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation  
 PAC PAC

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : SA11C.37059**

Amount of Each Receipt this Period  
 5000.00

Memo Item

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

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

8500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)  
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS

**A.** Mailing Address 1125 17TH ST, NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2016

**Transaction ID : SA11C.37084**

Amount of Each Receipt this Period  
 5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**JSTREETPAC**

**B.** Mailing Address PO BOX 33106

City WASHINGTON State DC Zip Code 20033

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2016

**Transaction ID : SA11C.37085**

Amount of Each Receipt this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**LIBERTY MUTUAL INSURANCE COMPANY-PAC**

**C.** Mailing Address 175 Berkeley Steet

City Boston State MA Zip Code 02117

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : SA11C.37061**

Amount of Each Receipt this Period  
 2500.00

Memo Item

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**LIBERTY MUTUAL INSURANCE COMPANY-PAC**

Mailing Address 175 Berkeley Steet

City Boston State MA Zip Code 02117

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : SA11C.37062**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**LPL FINANCIAL LLC POLITICAL ACTION COMMITTEE (LPL PAC)**

Mailing Address 75 STATE STREET  
24TH FLOOR

City BOSTON State MA Zip Code 02109

FEC ID number of contributing federal political committee. **C C00486217**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : SA11C.37064**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MACHINISTS NON PARTISAN POLITICAL LEAGUE**

Mailing Address 9000 Machinists Place

City Upper Marlboro State MD Zip Code 20772

FEC ID number of contributing federal political committee. **C C00002469**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : SA11C.37066**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

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

11000.00

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

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

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

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)  
NATIONAL POSTAL MAIL HANDLERS UNION - DIVISION OF LABORERS' INT'L UNION OF NORTH AMERICA

A. Mailing Address 905 16th St., NW  
Second Floor

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00345306

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2016

Transaction ID : SA11C.37087

Amount of Each Receipt this Period  
 2000.00  
 Memo Item

B. Full Name (Last, First, Middle Initial)  
NATIONAL READY MIXED CONCRETE ASSN. PAC (CONCRETEPAC)

Mailing Address 900 SPRING ST.

City SILVER SPRING State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C** C00114025

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2016

Transaction ID : SA11C.37082

Amount of Each Receipt this Period  
 1000.00  
 Memo Item

C. Full Name (Last, First, Middle Initial)  
PARSONS BRINCKERHOFF, INC. PAC

Mailing Address 1401 K STREET NW  
SUITE 701

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00287003

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2016

Transaction ID : SA11C.37089

Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 5000.00  
**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 12 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 700 13TH STREET NW, SUITE 350

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 12 / 2016

**Transaction ID : SA11C.37067**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

5000.00

44000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. 247 Cambridge Street Trust</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016		
Mailing Address PO Box 380			Amount of Each Disbursement this Period 700.00		
City Boston	State MA	Zip Code 02478	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.37033</b>		
Purpose of Disbursement campaign office rent		Category/ Type 001			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016		
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period 0.40		
City Cambridge	State MA	Zip Code 02238	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.37036</b>		
Purpose of Disbursement online contribution collection fees		Category/ Type 001			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. ACTBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016		
Mailing Address P.O. Box 382110			Amount of Each Disbursement this Period 9.88		
City Cambridge	State MA	Zip Code 02238	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.37052</b>		
Purpose of Disbursement online contribution collection fees		Category/ Type 001			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	710.28
<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 14 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address 132 Harborside Drive Logan Airport		Amount of Each Disbursement this Period 440.20
City Boston State MA Zip Code 02128	Category/Type 002	
Purpose of Disbursement campaign travel for DNC charged to credit card		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.37003</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address 50 Mass Ave		Amount of Each Disbursement this Period 479.40
City Washington State DC Zip Code 20002	Category/Type 001	
Purpose of Disbursement campaign travel to DNC charged to credit card		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.36998</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BISTRO CACAO</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2016
Mailing Address 320 MASSACHUSETTS AVE, NE		Amount of Each Disbursement this Period 721.76
City WASHINGTON State DC Zip Code 20002	Category/Type 003	
Purpose of Disbursement Campaign Fundraiser expenses charged to credit card		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : <b>SB17.36982</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Boston Harbor Cruises</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2016
Mailing Address One Long Wharf		Amount of Each Disbursement this Period 1545.00
City Boston	State MA Zip Code 02110	
Purpose of Disbursement Campaign fundraising event charged to credit card		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.36983</b>
State: District:	Category/Type 003	

Full Name (Last, First, Middle Initial) <b>B. Cambridge Offset Printing</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2016
Mailing Address 56 Creighton St		Amount of Each Disbursement this Period 507.39
City Cambridge	State MA Zip Code 02140	
Purpose of Disbursement campaign printing/reproduction expenses		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.37023</b>
State: District:	Category/Type 006	

Full Name (Last, First, Middle Initial) <b>c. Mike Capuano</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address 172 Central St		Amount of Each Disbursement this Period 60.00
City Somerville	State MA Zip Code 02145	
Purpose of Disbursement reimbursement for Taxi Cab fees while at DNC		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.37054</b>
State: District:	Category/Type 002	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	567.39
<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 16 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dormition Church</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016
Mailing Address 102 Pearl Street			Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.37039</b>
City Somerville	State MA	Zip Code 02145	
Purpose of Disbursement advertising for campaign		Candidate Name	Category/ Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dormition Church</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016
Mailing Address 102 Pearl Street			Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.37041</b>
City Somerville	State MA	Zip Code 02145	
Purpose of Disbursement advertising for campaign		Candidate Name	Category/ Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. sandra Dumas</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 41 Dartmouth Street			Amount of Each Disbursement this Period 880.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.36974</b>
City Somerville	State MA	Zip Code 02144	
Purpose of Disbursement data entry for Campaign		Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2880.00
<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 17 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. sandra Dumas</b>			Date of Disbursement MM / DD / YYYY 08 / 03 / 2016		
Mailing Address 41 Dartmouth Street			Amount of Each Disbursement this Period 880.00		
City Somerville	State MA	Zip Code 02144	Memo Item <input type="checkbox"/>		
Purpose of Disbursement data entry for Campaign		Category/ Type 001			
Candidate Name			Transaction ID : <b>SB17.37034</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Erickson &amp; Company</b>			Date of Disbursement MM / DD / YYYY 07 / 19 / 2016		
Mailing Address 38 Ivy Street, SE			Amount of Each Disbursement this Period 4163.84		
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Campaign consulting/Fundraising exp.		Category/ Type 003			
Candidate Name			Transaction ID : <b>SB17.37017</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. Erickson &amp; Company</b>			Date of Disbursement MM / DD / YYYY 07 / 19 / 2016		
Mailing Address 38 Ivy Street, SE			Amount of Each Disbursement this Period 4000.00		
City Washington	State DC	Zip Code 20003	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement Campaign consulting/Fundraising exp.		Category/ Type 003			
Candidate Name			Transaction ID : <b>SB17.37018</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5043.84
<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 18 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Erickson &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2016
Mailing Address 38 Ivy Street, SE			Amount of Each Disbursement this Period 163.84
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Campaign telephone & postage exp.		Category/ Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17.37019</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Erickson &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 38 Ivy Street, SE			Amount of Each Disbursement this Period 4165.53
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Campaign consulting/Fundraising exp.		Category/ Type 003	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17.37020</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Erickson &amp; Company</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 38 Ivy Street, SE			Amount of Each Disbursement this Period 4000.00
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Campaign consulting/Fundraising exp.		Category/ Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17.37021</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4165.53
<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 19 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Erickson &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period 165.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Campaign telephone & postage exp. <input type="checkbox"/> 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.37022</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Garage at Post Office Sq.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address Zero Post Office Sq		Amount of Each Disbursement this Period 17.75
City Boston State MA Zip Code 02109	Purpose of Disbursement campaign parking charged to credit card <input type="checkbox"/> 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.36989</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Golden Goose Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016
Mailing Address 179 Commercial St,		Amount of Each Disbursement this Period 297.14
City Boston State MA Zip Code 02109	Purpose of Disbursement campaign event exp. - reimbursement to J.Harrington <input type="checkbox"/> 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.37045</b>
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Janice Harrington</b>			Date of Disbursement MM / DD / YYYY 08 / 04 / 2016		
Mailing Address 10 Strathmore Rd			Amount of Each Disbursement this Period 3450.12		
City Wakefield	State MA	Zip Code 01880	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Campaign office support services		Category/ Type 001	Transaction ID : <b>SB17.37042</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Janice Harrington</b>			Date of Disbursement MM / DD / YYYY 08 / 04 / 2016		
Mailing Address 10 Strathmore Rd			Amount of Each Disbursement this Period 3000.00		
City Wakefield	State MA	Zip Code 01880	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement Campaign office support services		Category/ Type 001	Transaction ID : <b>SB17.37043</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Independent Newspaper Group</b>			Date of Disbursement MM / DD / YYYY 07 / 20 / 2016		
Mailing Address 385 Broadway			Amount of Each Disbursement this Period 50.00		
City Revere	State MA	Zip Code 02151	Memo Item <input type="checkbox"/>		
Purpose of Disbursement advertising		Category/ Type 004	Transaction ID : <b>SB17.37026</b>		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3500.12
<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 21 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Independent Newspaper Group</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2016	
Mailing Address 385 Broadway			Amount of Each Disbursement this Period 75.00	
City Revere	State MA	Zip Code 02151	Memo Item <input type="checkbox"/>	
Purpose of Disbursement advertising		Category/ Type 004	Transaction ID : <b>SB17.37032</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Independent Newspaper Group</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016	
Mailing Address 385 Broadway			Amount of Each Disbursement this Period 75.00	
City Revere	State MA	Zip Code 02151	Memo Item <input type="checkbox"/>	
Purpose of Disbursement advertising		Category/ Type 004	Transaction ID : <b>SB17.37051</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Inn at Union League</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016	
Mailing Address 140 S Broad St			Amount of Each Disbursement this Period 1298.42	
City Philadelphia	State PA	Zip Code 19102	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement campaign travel for DNC charged to credit card		Category/ Type 002	Transaction ID : <b>SB17.37001</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.00
<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 22 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. JetBlue Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address PO Box 13337		Amount of Each Disbursement this Period 2960.04
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement Campaign credit card charges	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.36980</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. JetBlue Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address PO Box 13337		Amount of Each Disbursement this Period 826.18
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement Campaign credit card charges	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.36986</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. JetBlue Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address PO Box 13337		Amount of Each Disbursement this Period 72.78
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement Campaign credit card charges finance charges	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.36987</b>
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3786.22
<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 23 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. JetBlue Card Services</b>			Date of Disbursement MM / DD / YYYY 08 / 16 / 2016	
Mailing Address PO Box 13337			Amount of Each Disbursement this Period 3023.22	
City Philadelphia	State PA	Zip Code 19101	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Campaign credit card charges		Category/ Type 001	<b>Transaction ID : SB17.36994</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. La Famiglia Ristorante</b>			Date of Disbursement MM / DD / YYYY 08 / 16 / 2016	
Mailing Address 8 S Front St			Amount of Each Disbursement this Period 274.75	
City Philadelphia	State PA	Zip Code 19106	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement campaign meals charged to credit card		Category/ Type 001	<b>Transaction ID : SB17.36999</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Brian Mount</b>			Date of Disbursement MM / DD / YYYY 07 / 01 / 2016	
Mailing Address 62 Alpheus Road			Amount of Each Disbursement this Period 900.00	
City Roslindale	State MA	Zip Code 02131	<input type="checkbox"/> Memo Item	
Purpose of Disbursement accounting services for camapign		Category/ Type 001	<b>Transaction ID : SB17.36975</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3923.22
<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 24 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. National Democratic club</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address 30 Ivy St., SE			Amount of Each Disbursement this Period 627.28
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement camapign meals charged to credit card		Category/ Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17.36981</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. National Democratic club</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address 30 Ivy St., SE			Amount of Each Disbursement this Period 403.22
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement camapign meals charged to credit card		Category/ Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17.36988</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Planet Self Storage</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address 39r Medford St			Amount of Each Disbursement this Period 418.00
City Somerville	State MA	Zip Code 02143	
Purpose of Disbursement office storage for campaign		Category/ Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17.36976</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	418.00
<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 25 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Planet Self Storage</b>			Date of Disbursement MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 39r Medford St			Amount of Each Disbursement this Period 418.00	
City Somerville	State MA	Zip Code 02143	Memo Item <input type="checkbox"/>	
Purpose of Disbursement office storage for campaign		Category/ Type 001	Transaction ID : <b>SB17.37048</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Royal Sonesta Hotel</b>			Date of Disbursement MM / DD / YYYY 07 / 12 / 2016	
Mailing Address 5 Cambridge Parkway			Amount of Each Disbursement this Period 34.00	
City Cambridge	State MA	Zip Code 02142	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement campaign parking charged to credit card		Category/ Type 001	Transaction ID : <b>SB17.36984</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Royal Sonesta Hotel</b>			Date of Disbursement MM / DD / YYYY 07 / 20 / 2016	
Mailing Address 5 Cambridge Parkway			Amount of Each Disbursement this Period 82.95	
City Cambridge	State MA	Zip Code 02142	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement campaign meals charged to credit card		Category/ Type 001	Transaction ID : <b>SB17.36990</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	418.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Sage Systems, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016	
Mailing Address P.O.Box 2201			Amount of Each Disbursement this Period 1250.00	
City Peabody	State MA	Zip Code 01960	<input type="checkbox"/> Memo Item	
Purpose of Disbursement consulting services/webpage for campaign		Category/ Type 003	<b>Transaction ID : SB17.36972</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Sage Systems, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016	
Mailing Address P.O.Box 2201			Amount of Each Disbursement this Period 1250.00	
City Peabody	State MA	Zip Code 01960	<input type="checkbox"/> Memo Item	
Purpose of Disbursement consulting services/webpage for campaign		Category/ Type 003	<b>Transaction ID : SB17.37035</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Seaport Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016	
Mailing Address World Trade Center			Amount of Each Disbursement this Period 32.00	
City Boston	State MA	Zip Code 02109	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement campaign parking charged to credit card		Category/ Type 001	<b>Transaction ID : SB17.36985</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016
Mailing Address 282 Mystic Avenue		Amount of Each Disbursement this Period 152.98
City Medford	State MA	
Zip Code 02155	Purpose of Disbursement campaign office supplies - exp.reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.37044</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tunecliffs</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address 222 7th St SE		Amount of Each Disbursement this Period 174.70
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement campaign fundraising exp. charged to credit card	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	<b>Transaction ID : SB17.36996</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address West Somerville Post Office		Amount of Each Disbursement this Period 283.75
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement campaign postage charged to credit card	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.36995</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 40			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address P.O.Box 28007		Amount of Each Disbursement this Period 153.75
City Lehigh Valley,	State PA	
Zip Code 18002	Purpose of Disbursement Telephone for campaign	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.36977</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2016
Mailing Address P.O.Box 28007		Amount of Each Disbursement this Period 153.85
City Lehigh Valley,	State PA	
Zip Code 18002	Purpose of Disbursement Telephone for campaign	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.37031</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2016
Mailing Address P.O. Box 28007		Amount of Each Disbursement this Period 240.02
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement telephone service for campaign	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : SB17.36978</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	547.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 40	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address P.O. Box 28007		Amount of Each Disbursement this Period 240.02
City Lehigh Valley	State PA	
Zip Code 18002	Purpose of Disbursement telephone service for campaign	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.37053</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vinny's Ristorante</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2016
Mailing Address 76 Broadway		Amount of Each Disbursement this Period 185.55
City Somerville	State MA	
Zip Code 02145	Purpose of Disbursement campaign meals charged to credit card	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.36991</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. West End Bar and Grill</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2016
Mailing Address 63 Mazzeo Dr.		Amount of Each Disbursement this Period 63.93
City Randolph	State MA	
Zip Code 02368	Purpose of Disbursement campaign meals charged to credit card	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.36992</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	240.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 40			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Wine Bar</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016	
Mailing Address 417 Broadway			Amount of Each Disbursement this Period 72.00	
City Saratoga Springs	State NY	Zip Code 12866	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.37004</b>	
Purpose of Disbursement campaign meals charged to credit card		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	28850.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 40
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ANGIE CRAIG FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 22116		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City EAGAN	State MN	
Zip Code 55122	Purpose of Disbursement CONTRIBUTION	Transaction ID : <b>SB18.36949</b>
Candidate Name	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) <b>B. CHARLIE CRIST FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 1547		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City ST. PETERSBURG	State FL	
Zip Code 33731	Purpose of Disbursement CONTRIBUTION	Transaction ID : <b>SB18.36936</b>
Candidate Name	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 13		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF ANNA THRONE-HOLST</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 6		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City SOUTHAMPTON	State NY	
Zip Code 11969	Purpose of Disbursement CONTRIBUTION	Transaction ID : <b>SB18.36957</b>
Candidate Name	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 40
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. JACK ROSEN FOR NEVADA**

Mailing Address 1000 N. GREEN VALLEY PARKWAY  
#440-177

City HENDERSON State NV Zip Code 89074

Purpose of Disbursement CONTRIBUTION Category/Type 011

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: NV District: 03

Date of Disbursement 08 / 11 / 2016

Amount of Each Disbursement this Period 1000.00

Memo Item

Transaction ID : SB18.36951

Full Name (Last, First, Middle Initial)  
**B. JOSH GOTTHEIMER FOR CONGRESS**

Mailing Address PO BOX 584

City RIDGEWOOD State NJ Zip Code 07451

Purpose of Disbursement CONTRIBUTION Category/Type 011

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: NJ District: 05

Date of Disbursement 08 / 11 / 2016

Amount of Each Disbursement this Period 1000.00

Memo Item

Transaction ID : SB18.36955

Full Name (Last, First, Middle Initial)  
**C. KIM MYERS FOR CONGRESS**

Mailing Address PO BOX 1255

City VESTAL State NY Zip Code 13851

Purpose of Disbursement CONTRIBUTION Category/Type 011

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: NY District: 22

Date of Disbursement 08 / 11 / 2016

Amount of Each Disbursement this Period 1000.00

Memo Item

Transaction ID : SB18.36961

**SUBTOTAL** of Disbursements This Page (optional) ..... 3000.00

**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 33 OF 40
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. LON JOHNSON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 2028		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City TRAVERSE CITY	State MI	
Zip Code 49685	Purpose of Disbursement CONTRIBUTION	Transaction ID : <b>SB18.36944</b>
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 01		

Full Name (Last, First, Middle Initial) <b>B. MCEACHIN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 8092		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City RICHMOND	State VA	
Zip Code 23223	Purpose of Disbursement CONTRIBUTION	Transaction ID : <b>SB18.36967</b>
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 04		

Full Name (Last, First, Middle Initial) <b>C. MIKE HONDA FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC 123 E. SAN CARLOS ST., #531		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City SAN JOSE	State CA	
Zip Code 95112	Purpose of Disbursement CONTRIBUTION	Transaction ID : <b>SB18.36971</b>
Candidate Name	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<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 34 OF 40	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MONICA VERNON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 1635		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City CEDAR RAPIDS State IA Zip Code 52406	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name		Transaction ID : SB18.36942
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. MORGAN CARROLL FOR COLORADO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 470783		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City AURORA State CO Zip Code 80047	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name		Transaction ID : SB18.36933
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. NELSON FOR WISCONSIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 348		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City KAUKAUNO State WI Zip Code 54130	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name		Transaction ID : SB18.36969
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 40	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. RANDY PERKINS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address 378 NORTHLAKE BLVD #226		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City NORTH PALM BEACH State FL Zip Code 33408	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name		Transaction ID : SB18.36938
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Rick Nolan for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO Box 1041		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City Brainerd State MN Zip Code 56401	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name		Transaction ID : SB18.36950
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. RUBEN KIHUEN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address P.O. BOX 458		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City LAS VEGAS State NV Zip Code 89125	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name		Transaction ID : SB18.36953
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 04	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<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 36 OF 40	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. SALUD CARBAJAL FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 1290		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City SANTA BARBARA State CA Zip Code 93102	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB18.36931</b>
State: CA District: 24		

Full Name (Last, First, Middle Initial) <b>B. SANTARSIERO FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 249		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City NEWTOWN State PA Zip Code 18940	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB18.36963</b>
State: PA District: 08		

Full Name (Last, First, Middle Initial) <b>C. TADDEO FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 432094		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City SOUTH MIAMI State FL Zip Code 33243	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB18.36940</b>
State: FL District: 26		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 40	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. TEXANS FOR PETE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address 10715 GULFDAL ST STE 235		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City SAN ANTONIO State TX Zip Code 78216	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name		Transaction ID : SB18.36965
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. TOM O'HALLERAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address PO BOX 20375		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City SEDONA State AZ Zip Code 86341	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name		Transaction ID : SB18.36927
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. TOM SUOZZI 2016</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address 410 JERICHO TURNPIKE SUITE 200		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City JERICHO State NY Zip Code 11753	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name		Transaction ID : SB18.36959
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	24000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 40
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

**A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE - CONTRIBUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
EXCESS CAMPAIGN FUNDS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 11 / 2016

Amount of Each Disbursement this Period: 45000.00

Memo Item

Transaction ID : SB21.36926

**B. David Doherty**

Full Name (Last, First, Middle Initial)  
Mailing Address 21 Pleasant Ave

City Somerville State MA Zip Code 02143

Purpose of Disbursement  
somerville elderly picnic

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 20 / 2016

Amount of Each Disbursement this Period: 100.00

Memo Item

Transaction ID : SB21.37030

**c. Hyde Park Main Streets**

Full Name (Last, First, Middle Initial)  
Mailing Address 11 Fairmont Ave

City Hyde Park State MA Zip Code 02136

Purpose of Disbursement  
donation

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 20 / 2016

Amount of Each Disbursement this Period: 500.00

Memo Item

Transaction ID : SB21.37028

**SUBTOTAL** of Disbursements This Page (optional) ..... 45600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 40
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CAPUANO FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Nellie's Wildflowers</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address 72 Holland Street		Amount of Each Disbursement this Period 122.19 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.37025</b>
City Somerville State MA Zip Code 02144	Purpose of Disbursement funeral basket Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Nellie's Wildflowers</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2016
Mailing Address 72 Holland Street		Amount of Each Disbursement this Period 58.44 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.37038</b>
City Somerville State MA Zip Code 02144	Purpose of Disbursement funeral basket Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	180.63
<b>TOTAL</b> This Period (last page this line number only).....	45780.63

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**CAPUANO FOR CONGRESS COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL-OFFSET ACCOUNT**

Mailing Address **430 SOUTH CAPITOL STREET SE**

City **WASHINGTON** State **DC** Zip Code **20003**

Nature of Debt (Purpose):  
**Reimbursement due to Campaign for Travel**

Outstanding Balance Beginning This Period **390.41** **Transaction ID : SD9.13495**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **390.41**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**GONZALEZ, CHARLES A.**

Mailing Address **206 E. Locust Street**

City **San Antonio** State **TX** Zip Code **78212**

Nature of Debt (Purpose):  
**Hotel charges for the DNC in boston**

Outstanding Balance Beginning This Period **2124.00** **Transaction ID : SD9.13268**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **2124.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>2514.41</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<b>2514.41</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>0.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<b>2514.41</b>