

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 APR 10 AM 11:43

Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

GERRY DEMBROWSKI PAC

ADDRESS (number and street)

P.O. BOX 32516

Check if different than previously reported. (ACC)

WOBURN MA 01888

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00485284

3. IS THIS REPORT

NEW (N)

OR

X AMENDED (A)

MA

017

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)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11/02/2010

in the State of

MA

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

10/01/2010

through

10/13/2010

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

JESS BARNES

Signature of Treasurer

[Handwritten Signature]

Date

03/29/2012

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

12030770239

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

GERRY DEMBROWSKI PAC

Report Covering the Period: From:

10 / 01 / 2010

To:

10 / 13 / 2010

**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))....

11,790.00

29,206.00

(b) Total Contribution Refunds  
(from Line 20(d)).....

0

0

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)).....

11,790.00

29,206.00

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17).....

7,641.69

51,435.06

(b) Total Offsets to Operating  
Expenditures (from Line 14).....

0

0

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)).....

7,641.69

51,435.06

8. Cash on Hand at Close of  
Reporting Period (from Line 27).....

10,484.94

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

0

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

0

**For further information contact:**

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

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

12030770240

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

GERRY DEMBROWSKI PAC

Report Covering the Period: From:

10 / 01 / 2010

To:

10 / 13 / 2010

**I. RECEIPTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

**11. CONTRIBUTIONS (other than loans) FROM:**

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

355000  
554000  
909000  
200000  
250000  
0  
1179000

765000  
1745600  
2510600  
600000  
350000  
0  
2920600

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

0

0

**13. LOANS:**

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

0  
0  
0

3271400  
0  
3271400

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

0

0

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

0

0

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

1179000

6192000

12030770241

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	7,641.69	51,435.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.	0.
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans.....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS.....	0.	0.
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	7,641.69	51,435.06

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6,336.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11,790.00
25. SUBTOTAL (add Line 23 and Line 24).....	18,126.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7,641.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10,484.94

12030770242

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

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

FOR LINE NUMBER: PAGE 5 OF 13  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**GERRY DEMBROWSKI PAC**

Full Name (Last, First, Middle Initial)  
**A. MORA RENE**

Mailing Address  
**34 REGENT CIRCLE**

City **BROOKLINE** State **MA** Zip Code **02445**

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

Name of Employer **LEERINK SWANN** Occupation **MANAGING DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **20000**

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	1	0

Amount of Each Receipt this Period  
**20000**

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

Mailing Address  
**39 HOOPER ST**

City **LYNNFIELD** State **MA** Zip Code

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

Name of Employer **homemaker** Occupation **homemaker**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **30000**

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	1	0

Amount of Each Receipt this Period  
**30000**

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

Mailing Address  
**89 BRADFORD RD**

City **WESTON** State **MA** Zip Code **02493**

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **20000**

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	1	0

Amount of Each Receipt this Period  
**20000**

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

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

12030770243

**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 <u>6</u> OF <u>13</u>
	<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)  
GERRY DEMBROWSKI PAC

Full Name (Last, First, Middle Initial)  
DUNN CHRISTOPHER

A. Mailing Address  
226 CENTRAL ST

City LOWELL State MA Zip Code 01852

FEC ID number of contributing federal political committee. C

Name of Employer ROPES + GRAY Occupation LAW ASSOCIATE

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25000

Date of Receipt  
10 / 01 / 2010

Amount of Each Receipt this Period  
25000

Full Name (Last, First, Middle Initial)  
DARLING BARBARA

B. Mailing Address  
144 TRAPELO RD

City LINCOLN State MA Zip Code 01773

FEC ID number of contributing federal political committee. C

Name of Employer homemaker Occupation homemaker

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20000

Date of Receipt  
10 / 03 / 2010

Amount of Each Receipt this Period  
20000

Full Name (Last, First, Middle Initial)  
SCARPATO PATRICIA

C. Mailing Address  
22 BYRON RD

City WESTON State MA Zip Code 02493

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50000

Date of Receipt  
10 / 03 / 2010

Amount of Each Receipt this Period  
50000

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

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

.....

12030770244

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

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

FOR LINE NUMBER: PAGE 7 OF 13  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
GERRY DEMBROWSKI PAC

Full Name (Last, First, Middle Initial)  
A. HILL MARY

Mailing Address  
250 MOUNTAIN AVE

City ARLINGTON State MA Zip Code 02476

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
30000

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
1	0	0	5	2	0	1	0

Amount of Each Receipt this Period  
30000

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

Mailing Address  
3 Davis Brook Dr

City NATICK State MA Zip Code 01760

FEC ID number of contributing federal political committee. C

Name of Employer CANACORD ADAMS Occupation ANALYST

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
70000

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
1	0	0	5	2	0	1	0

Amount of Each Receipt this Period  
70000

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

Mailing Address  
295 SALEM ST UNIT 58

City WOBURN State MA Zip Code 01801

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20000

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
1	0	0	5	2	0	1	0

Amount of Each Receipt this Period  
20000

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

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

.....

12030770245

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <u>8</u> OF <u>13</u>				
	<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)  
**GERRY DEMBROWSKI PAC**

A. Full Name (Last, First, Middle Initial)  
**BADGER ALBERT**

Mailing Address  
**70 FLETCHER ST**

City **WINCHESTER** State **MA** Zip Code **01890**

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**25000**

Date of Receipt  
**10 03 2010**

Amount of Each Receipt this Period  
**25000**

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

Mailing Address  
**261 BISHOPS FOREST D**

City **WALTHAM** State **MA** Zip Code **02452**

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

Name of Employer **SELF EMPLOYED** Occupation **INFORMATION TECHNOLOGY**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**30000**

Date of Receipt  
**10 13 2010**

Amount of Each Receipt this Period  
**20000**

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

Mailing Address  
**1550 WORLESTOR RD # 508**

City **FRAMINGHAM** State **MA** Zip Code **01702**

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**25000**

Date of Receipt  
**10 13 2010**

Amount of Each Receipt this Period  
**25000**

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

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

**355000**

12030770246



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

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

FOR LINE NUMBER: PAGE 9 OF 13  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)  
WOBURN REPUBLICAN TOWN COMMITTEE  
 Mailing Address  
c/o ALLEN HATCH 14 MARLBORO RD  
 City WOBURN State MA Zip Code 01801  
 FEC ID number of contributing federal political committee. C  
 Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Receipt For:  Primary  General  
 Other (specify) \_\_\_\_\_ Election Cycle-to-Date 2000

Date of Receipt  
10 / 10 / 2010  
 Amount of Each Receipt this Period  
200.00

B. Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 FEC ID number of contributing federal political committee. C  
 Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Receipt For:  Primary  General  
 Other (specify) \_\_\_\_\_ Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Amount of Each Receipt this Period  
 \_\_\_\_\_

C. Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 FEC ID number of contributing federal political committee. C  
 Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Receipt For:  Primary  General  
 Other (specify) \_\_\_\_\_ Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Amount of Each Receipt this Period  
 \_\_\_\_\_

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

200.00

12030770247

**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 13
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**GERRY DEMBROWSKI PAC**

**A.** Full Name (Last, First, Middle Initial)  
**FREE AND STRONG AMERICA PAC**

Mailing Address  
**138 Conant St 1st FL**

City **Beverly** State **MA** Zip Code **01915**

FEC ID number of contributing federal political committee. **000449280**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**250000**

Date of Receipt  
**10 / 11 / 2010**

Amount of Each Receipt this Period  
**250000**

**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  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
\_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period  
\_\_\_\_\_

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

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

**250000**

12030770248

**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 1 OF 13
	<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)  
**GERRY DEMBROWSKI PAC**

Full Name (Last, First, Middle Initial) <b>A. FERREIRA Robson</b>		Date of Disbursement MM / DD / YYYY <b>10 / 05 / 2010</b>
Mailing Address <b>380 MAIN ST</b>		Amount of Each Disbursement this Period <b>20000</b>
City <b>MEDFORD</b>	State <b>MA</b>	
Zip Code <b>02155</b>		Amount of Each Disbursement this Period <b>20000</b>
Purpose of Disbursement <b>CAMPAIGN VIDEO PRODUCTION</b>	Category/ Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Gengo RON</b>		Date of Disbursement MM / DD / YYYY <b>10 / 13 / 2010</b>
Mailing Address <b>70 HAMILTON RD</b>		Amount of Each Disbursement this Period <b>40000</b>
City <b>WALTHAM</b>	State <b>MA</b>	
Zip Code <b>02453</b>		Amount of Each Disbursement this Period <b>40000</b>
Purpose of Disbursement <b>STAFF SALARY</b>	Category/ Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. ZIA MARIA RESTAURANT (LUCIA'S REST.)</b>		Date of Disbursement MM / DD / YYYY <b>10 / 08 / 2010</b>
Mailing Address <b>13 MOUNT VERNON ST</b>		Amount of Each Disbursement this Period <b>414.61</b>
City <b>WINCHESTER</b>	State <b>MA</b>	
Zip Code <b>01890</b>		Amount of Each Disbursement this Period <b>414.61</b>
Purpose of Disbursement <b>FUNDRAISING EVENT ROOM RENTAL</b>	Category/ Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

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

12030770249

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 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)

GERRY DEMBROWSKI PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

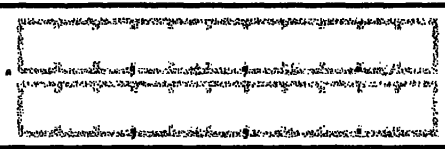
A. <u>ELS Connect LLC</u>		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2010	
Mailing Address <u>7300 HUDSON BLVD #276</u>		Amount of Each Disbursement this Period 2200.00	
City <u>ST PAUL</u>	State <u>MN</u>	Zip Code <u>55128</u>	Category/ Type <u>0.03</u>
Purpose of Disbursement <u>PHONE BANK COSTS</u>		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

B. <u>KEN'S STEAKHOUSE</u>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2010	
Mailing Address <u>95 WORCESTER RD</u>		Amount of Each Disbursement this Period 425.00	
City <u>FRAMINGHAM</u>	State <u>MA</u>	Zip Code <u>01702</u>	Category/ Type <u>0.03</u>
Purpose of Disbursement <u>FUND RAISER ROOM RENTAL</u>		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

C. <u>KEN'S STEAKHOUSE</u>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2010	
Mailing Address <u>95 WORCESTER RD</u>		Amount of Each Disbursement this Period 200.00	
City <u>FRAMINGHAM</u>	State <u>MA</u>	Zip Code <u>01702</u>	Category/ Type <u>0.03</u>
Purpose of Disbursement <u>FUND RAISER FOOD CHARGE</u>		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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

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



12030770250

**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 13

17  
20a     18  
20b     19a  
20c     19b  
21

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NAME OF COMMITTEE (In Full)

GERRY DEMBROWSKI PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. FLYER'S UNLIMITED

10 / 12 / 2010

Mailing Address

271 SALEM ST

City

WOBURN

State

MA

Zip Code

01801

Amount of Each Disbursement this Period

1439.00

Purpose of Disbursement

CAMPAIGN MATERIALS: LAWN SIGNS

006

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. MANZOLI JOSEPH

10 / 13 / 2010

Mailing Address

109 FLORAL ST

City

SHREWSBURY

State

MA

Zip Code

01545

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

STAFF SALARY

001

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

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

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

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Federal Election Commission  
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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked

  
PREPARER

4/10/12  
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