

# 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  
Marilinda Garcia for Congress

ADDRESS (number and street) PO Box 821  
 Check if different than previously reported. (ACC) Salem NH 03079

2. **FEC IDENTIFICATION NUMBER** C C00552364 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
NH 02

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 M M / D D / Y Y Y Y in the State of    
(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 NH  
11 / 04 / 2014

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
10 / 16 / 2014 through 11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Horan

Signature of Treasurer David Horan *[Electronically Filed]* Date M M / D D / Y Y Y Y  
05 / 18 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Marilinda Garcia for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	204016.19	1064399.99
(b) Total Contribution Refunds (from Line 20(d)) .....	5350.00	3350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	198666.19	1061049.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	425747.62	1139633.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	2570.89	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	423176.73	1139633.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12173.90	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Marilinda Garcia for Congress

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
<b>(a) Individuals/Persons Other than Political Committees</b>		
<b>(i) Itemized (use Schedule A)</b>		
102974.76	674999.66	2000.00
<b>(ii) Unitemized</b>		
34441.43	150314.82	145.00
<b>(iii) Total of contributions from individuals</b>		
137416.19	825314.48	2145.00
<b>(b) Political Party Committees</b>		
0.00	0.00	0.00
<b>(c) Other Political Committees</b>		
66600.00	239085.51	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 139

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
204016.19	1064399.99	2145.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
37681.16	128873.77	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
2570.89	0.00	2570.89
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
244268.24	1193273.76	4715.89

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 139

Write or Type Committee Name

Marilinda Garcia for Congress

 Report Covering the Period: From:  /  /  To:  /  / 
**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="425747.62"/>	<input type="text" value="1139633.55"/>	<input type="text" value="40832.20"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="3350.00"/>	<input type="text" value="3350.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 139

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

2000.00	0.00	2000.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

5350.00	3350.00	2000.00
---------	---------	---------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

431097.62	1142983.55	42832.20
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

198666.19	1061049.99	145.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

423176.73	1139633.55	38261.31
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	199003.28
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	244268.24
25. SUBTOTAL (add Line 23 and Line 24).....	443271.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	431097.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	12173.90

**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 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joanne Aarseth**

Mailing Address 20840 Miranda Falls Square

City State Zip Code  
Sterling VA 20165

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

Name of Employer Occupation  
Freddie Mac Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.11706**

Amount of Each Receipt this Period  
100.00

DONATION

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

Mailing Address PO Box 646

City State Zip Code  
Lancaster OH 43130

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.11824**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address 79 Chestnut Hill Rd

City State Zip Code  
Amherst NH 03031

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

Name of Employer Occupation  
Albano Reality Corp Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.11750**

Amount of Each Receipt this Period  
250.00

Contribution

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LLC Alex Vailas**

Mailing Address **PO Box 172**

City **New Castle** State **NH** Zip Code **03854**

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

Name of Employer **Entrepreneur** Occupation **Entrepreneur**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11AI.11777**

Amount of Each Receipt this Period  
**500.00**  
 Contribution

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

Mailing Address **712 Lancashire Ln**

City **Liberty Lake** State **WA** Zip Code **99019**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 18 / 2014**

**Transaction ID : SA11AI.11885**

Amount of Each Receipt this Period  
**200.00**  
 Donation

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

Mailing Address **1650 NW 87th Avenue**

City **Doral** State **FL** Zip Code **33172**

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

Name of Employer **Sunshine Gasoline** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11AI.11524**

Amount of Each Receipt this Period  
**2300.00**  
 donation

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

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

**3000.00**



**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 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**K. Tucker Andersen**

Mailing Address 61 Above All Road

City Warren State CT Zip Code 06754

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

Name of Employer Above All Advisors Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2014

**Transaction ID : SA11AI.11911**

Amount of Each Receipt this Period  
 250.00

Donation

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

Mailing Address 15 Braemer Road

City East Setauket State NY Zip Code 11733

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

Name of Employer Antel Communications LLC Occupation President and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.11549**

Amount of Each Receipt this Period  
 1000.00

donation

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

Mailing Address 15 Braemer Rd

City East Setauket State NY Zip Code 11733

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

Name of Employer Antel Communications LLC Occupation President and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.12547**

Amount of Each Receipt this Period  
 1000.00

Contribution

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Josh Archambault</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 11 Thomas Burgin Pkwy		<b>Transaction ID : SA11AI.12279</b>
City Quincy	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 400.00
Name of Employer FGA	Occupation Research	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Ashooh</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 59 Pasture Ln		<b>Transaction ID : SA11AI.11756</b>
City Bedford	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00
Name of Employer BAE	Occupation Government Relations	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ralph Barbagallo</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 53 Stiles Road B102		<b>Transaction ID : SA11AI.12620</b>
City Salem	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Self	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Beals**

Mailing Address 14 Forest Drive

City Auburn State NH Zip Code 03032

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

Name of Employer Nixon Peabody Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.11780**

Amount of Each Receipt this Period  
 450.00

Contribution

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

Mailing Address 5 Conant Rd

City Hanover State NH Zip Code 03755

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.11786**

Amount of Each Receipt this Period  
 300.00

Contribution

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

Mailing Address 88 McCoy Rd

City Jaffrey State NH Zip Code 03452

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

Name of Employer Belletetes Inc. Occupation Sales Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.12425**

Amount of Each Receipt this Period  
 200.00

Contribution

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

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

950.00

**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 12 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Denise Benson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 3 Merry Meeting Ln		<b>Transaction ID : SA11AI.12442</b>
City Rye	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self	Occupation Annual Fund Chair, Simmons College	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. Donald Charles Bettencourt</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 101 Fernwood Pt		<b>Transaction ID : SA11AI.12311</b>
City Sunapee	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Aquatics for Life	Occupation Executive	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Bianchi</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 4 Rodeo Cir		<b>Transaction ID : SA11AI.12540</b>
City Billerica	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation Engineer	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vincent Bono**

Mailing Address 29 Adams Street

City State Zip Code  
Quincy MA 02169

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

Name of Employer information requested Occupation information requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.11515**

Amount of Each Receipt this Period  
2500.00  
donation

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

Mailing Address 37 Tzinas St

City State Zip Code  
Manchester NH 03104

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
480.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.12656**

Amount of Each Receipt this Period  
480.00  
Contribution

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

Mailing Address 2129 - 12th Ave. East

City State Zip Code  
Hibbing MN 55746

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

Name of Employer n.a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11AI.12949**

Amount of Each Receipt this Period  
20.00  
Donation

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

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

3000.00

**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 14 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald J Brooks**

Mailing Address 12 Mendekssohn Dr

City Hollis State NH Zip Code 03049-6039

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.12238**

Amount of Each Receipt this Period  
 300.00  
 Contribution

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

Mailing Address 2607 Chesterfield Avenue

City Baltimore State MD Zip Code 21213

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.11503**

Amount of Each Receipt this Period  
 2600.00  
 donation

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

Mailing Address 100 Central Ave  
Unit 304

City Sarasota State FL Zip Code 34236

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

Name of Employer XL Insurance Occupation Underwriter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.12316**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. A Bradford Card</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 896 Helga Pl		<b>Transaction ID : SA11AI.12432</b>	
City McLean	State VA	Zip Code 22102	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Card and Associates	Occupation Lobbyist		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Carlisle</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address PO 267		<b>Transaction ID : SA11AI.12263</b>	
City Stratham	State NH	Zip Code 03885	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Leveraged Developments LLC	Occupation Medical Systems Designer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) <b>C. Deborah Carroll</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address		<b>Transaction ID : SA11AI.12629</b>	
City	State	Zip Code	Amount of Each Receipt this Period Contribution 634.95
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 634.95		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1384.95
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rogers W Claggett**

Mailing Address 106 Pollards Mills Rd

City Newport State NH Zip Code 03773

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

Name of Employer Burlington Stores Occupation Software Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.12445**

Amount of Each Receipt this Period  
 Contribution **50.00**

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

Mailing Address 106 Pollards Mills Rd

City Newport State NH Zip Code 03773

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

Name of Employer Burlington Stores Occupation Software Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.12520**

Amount of Each Receipt this Period  
 Contribution **50.00**

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

Mailing Address 3716 Maplewood Avenue

City Dallas State TX Zip Code 75205

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.11483**

Amount of Each Receipt this Period  
 donation **2600.00**

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

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

**2700.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lincoln Cleveland</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 326 Pine Brook Rd		<b>Transaction ID : SA11AI.12514</b>	
City Bedford	State NY	Zip Code 10506	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer AIG	Occupation Physician		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Steve Cohen</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 111 Amherst St		<b>Transaction ID : SA11AI.12125</b>	
City Manchester	State NH	Zip Code 03101	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Divine Millimet	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. RJ Concannon</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address		<b>Transaction ID : SA11AI.12657</b>	
City	State	Zip Code	Amount of Each Receipt this Period Contribution 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bruce Courtney</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 26 Blueberry Trail		<b>Transaction ID : SA11AI.12671</b>
City Dunbarton	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Rev Living Trust	Occupation Trustee	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. James C. Courtovich</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1737 H St. NW Ste. 200		<b>Transaction ID : SA11AI.11534</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period donation 1000.00
Name of Employer Sphere Consulting	Occupation Founder	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Gail Cromwell</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 70 Fisk Hill Road		<b>Transaction ID : SA11AI.12464</b>
City Temple	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 50.00
Name of Employer none	Occupation retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 139	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	12	13a	13b	14

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Cruess**

Mailing Address 6 Orchard View Dr

City Amherest State NH Zip Code 03031

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

Name of Employer RG Morom Inc Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11452**

Amount of Each Receipt this Period  
 1000.00  
 donation

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

Mailing Address 295 Main Street

City Nashua State NH Zip Code 03060

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

Name of Employer Life Coping, Inc. Occupation Finance Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.12582**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

Mailing Address 5 Coliseum Ave

City Nashua State NH Zip Code 03063

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

Name of Employer Nashua Eye Association Occupation Opthamologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11456**

Amount of Each Receipt this Period  
 1000.00  
 donation

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 20 OF 139  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Daly**

Mailing Address 604 Farr Hill Road

City Littleton State NH Zip Code 03561

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.12029**

Amount of Each Receipt this Period  
 Contribution 100.00

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

Mailing Address 604 Farr Hill Road

City Littleton State NH Zip Code 03561

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1029.12

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.12647**

Amount of Each Receipt this Period  
 Contribution 129.12

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

Mailing Address 604 Farr Hill Road

City Littleton State NH Zip Code 03561

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1129.12

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.12360**

Amount of Each Receipt this Period  
 Contribution 100.00

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

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

329.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Harriet Debaugé</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 5 Conant Rd		<b>Transaction ID : SA11AI.13013</b>	
City Hanover	State NH	Zip Code 03755	Amount of Each Receipt this Period Contribution 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 300.00		

Full Name (Last, First, Middle Initial) <b>B. James DeVito</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 2 Mizoras Dr		<b>Transaction ID : SA11AI.13049</b>	
City Nashua	State NH	Zip Code 03062	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer L-3 Communications, Inc.	Occupation Financial Analyst		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 250.00		

Full Name (Last, First, Middle Initial) <b>C. James DeVito</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 2 Mizoras Dr		<b>Transaction ID : SA11AI.12266</b>	
City Nashua	State NH	Zip Code 03062	Amount of Each Receipt this Period Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer L-3 Communications, Inc.	Occupation Financial Analyst		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. James DeVito</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2 Mizoras Dr		<b>Transaction ID : SA11AI.12534</b>
City Nashua	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer L-3 Communications, Inc.	Occupation Financial Analyst	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>B. James Dill</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 15 Mill St		<b>Transaction ID : SA11AI.12310</b>
City Lansing	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self	Occupation self	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) <b>C. Alan Dlugash</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 685 3rd Ave 4		<b>Transaction ID : SA11AI.12917</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Requested	Occupation Requested	Donating
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>Peter B Dooley</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address P O Box 138		<b>Transaction ID : SA11AI.12463</b>
City Orford	State NH	Zip Code 03777
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Contribution 500.00	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>Grant Dorfman</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 3730 Dumbarton Street		<b>Transaction ID : SA11AI.11669</b>
City Houston	State TX	Zip Code 77025
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Contribution 250.00	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>James Downey</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2600 New Bridge Dr		<b>Transaction ID : SA11AI.11842</b>
City Los Altos Hills	State CA	Zip Code 94022
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Donation 200.00	
Name of Employer Altos Sonoma Corp	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Andria Dupont**

Mailing Address 41 Sandybrook Dr

City State Zip Code  
Durham NH 03824

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.11788**

Amount of Each Receipt this Period  
250.00

Contribution

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

Mailing Address 31 West Parish Rd

City State Zip Code  
Concord NH 03303

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

Name of Employer Information Requested Occupation Information Requested  
Firefox Property Management President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11AI.11775**

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 88 Dow Rd

City State Zip Code  
Hollis NH 03049

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

Name of Employer Information Requested Occupation Information Requested  
Certronics CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11AI.11663**

Amount of Each Receipt this Period  
500.00

Contribution

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

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

1250.00



**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 25 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Ferlins</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 88 Dow Rd		<b>Transaction ID : SA11AI.11790</b>	
City Hollis	State NH	Amount of Each Receipt this Period 500.00 Contribution	
Zip Code 03049			
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. John Ferlins</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 88 Dow Rd		<b>Transaction ID : SA11AI.12608</b>	
City Hollis	State NH	Amount of Each Receipt this Period 125.00 Contribution	
Zip Code 03049			
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 625.00		

Full Name (Last, First, Middle Initial) <b>C. David Freeman</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 87 River Rd		<b>Transaction ID : SA11AI.12407</b>	
City New Milford	State CT	Amount of Each Receipt this Period 25.00 Contribution	
Zip Code 06776			
FEC ID number of contributing federal political committee. C			
Name of Employer Accenture	Occupation IT Consulting		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>august fromuth</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 618 N bay St		<b>Transaction ID : SA11AI.12072</b>
City manchester	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer freedom energy logistics	Occupation energy	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Rufus Frost</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 79 Frost Hill Rd		<b>Transaction ID : SA11AI.12642</b>
City PO Box 339	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 129.12
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 304.12	

Full Name (Last, First, Middle Initial) <b>Robert J Giuda</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 660 Beech Hill Rd		<b>Transaction ID : SA11AI.12346</b>
City Warren	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United Airlines	Occupation B-777 Captain	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	649.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 27 OF 139  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Giudici**

Mailing Address 172 Rideout Rd.

City Hollis State NH Zip Code 03049

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

Name of Employer info requested Occupation info requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.11659**

Amount of Each Receipt this Period  
 Contribution 100.00

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

Mailing Address 9 Mayflower Dr

City Bedford State NH Zip Code 03110

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.11761**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 140 Maple St

City Andover State NH Zip Code 03216

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.12475**

Amount of Each Receipt this Period  
 Contribution 25.00

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

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

625.00

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

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

FOR LINE NUMBER: PAGE 28 OF 139  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gary Greenberg**

Mailing Address 425 Walnut Street, Suite 2300

City State Zip Code  
Cincinnati OH 45202

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

Name of Employer Occupation  
Delinger, Rosenthal & Greenberg LPA Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.11819**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address PO Box 91610

City State Zip Code  
Lafayette LA 70509

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

Name of Employer Occupation  
Self Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11652**

Amount of Each Receipt this Period  
250.00

Donation

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

Mailing Address 19 Brown Rd

City State Zip Code  
Harrisville NH 03450

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

Name of Employer Occupation  
RKH Advisors LLC Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11646**

Amount of Each Receipt this Period  
50.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paul Harrington</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 3 Brinton Drive		<b>Transaction ID : SA11AI.12640</b>
City Nashua	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 129.12
Name of Employer Self	Occupation Sales	Contribution 254.12
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Paul Harrington</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 3 Brinton Drive		<b>Transaction ID : SA11AI.12295</b>
City Nashua	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 50.00
Name of Employer Self	Occupation Sales	Contribution 304.12
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Paul Harrington</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 3 Brinton Drive		<b>Transaction ID : SA11AI.12379</b>
City Nashua	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 25.00
Name of Employer Self	Occupation Sales	Contribution 329.12
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	204.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Steve Hattamer</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 21 Cummings Ln		<b>Transaction ID : SA11AI.12650</b>
City Hollis	State NH Zip Code 03049	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 759.95
Name of Employer Nashua Anesthesia Partners	Occupation Physician	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 759.95	

Full Name (Last, First, Middle Initial) <b>B. Roger Heath</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address POB 236 185 Old Turnpikr Rd		<b>Transaction ID : SA11AI.12458</b>
City Salisbury	State NH Zip Code 03268	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) <b>C. Jane Hillman</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 63 Orchard Road		<b>Transaction ID : SA11AI.11827</b>
City Orinda	State CA Zip Code 94563	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	Donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1359.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Hogan**

Mailing Address 107 Wild Rose Circle

City Shelburne State VT Zip Code 05482

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.12358**

Amount of Each Receipt this Period  
 Contribution **100.00**

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

Mailing Address 321 Oak Lane

City Farmington State UT Zip Code 84025

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.11641**

Amount of Each Receipt this Period  
 Donation **250.00**

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

Mailing Address 925 Orchid Point Way

City Vero Beach State FL Zip Code 32963

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.11826**

Amount of Each Receipt this Period  
 Donation **500.00**

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. William Hotaling</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 125 Qussaick Ave		<b>Transaction ID : SA11AI.12477</b>	
City New Windsor	State NY	Zip Code 12553	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 300.00	
Name of Employer Retired	Occupation retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 1450.00		

Full Name (Last, First, Middle Initial) <b>B. Melissa Howes</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address Box 30		<b>Transaction ID : SA11AI.12404</b>	
City Woodsville	State NH	Zip Code 03785	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2600.00	
Name of Employer self-employed	Occupation publisher		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 2600.00		

Full Name (Last, First, Middle Initial) <b>C. Melissa Howes</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address Box 30		<b>Transaction ID : SA11AI.12405</b>	
City Woodsville	State NH	Zip Code 03785	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2600.00	
Name of Employer self-employed	Occupation publisher		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 5200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	Contribution 5500.00
<b>TOTAL</b> This Period (last page this line number only).....	Contribution



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cory Hussey</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 15 Nutting Ln		<b>Transaction ID : SA11AI.12191</b>
City Hollis	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Stanley Elevator	Occupation Business Owner	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Bruce Jackson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 21176 Brantley Rd		<b>Transaction ID : SA11AI.11934</b>
City Shaker Hts	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Retired - VP-Finance	Donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>C. Jason Jurgens</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 30 W 63rd St #6J		<b>Transaction ID : SA11AI.12518</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jones Day	Occupation Attorney	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald Kaufman**

Mailing Address 250 Beacon Street

City State Zip Code  
Boston MA 02116

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

Name of Employer Occupation  
Dutko and Associates consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : SA11AI.11444**

Amount of Each Receipt this Period  
1000.00  
donation

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

Mailing Address 3619 North Vermont Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Solers Defence Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11AI.11810**

Amount of Each Receipt this Period  
500.00  
Donation

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

Mailing Address 5954 Walnut Springs Road

City State Zip Code  
Sylvania OH 43560

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

Name of Employer Occupation  
TRO, Inc. MD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2014

**Transaction ID : SA11AI.11903**

Amount of Each Receipt this Period  
250.00  
Donation

**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 35 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Kupperman**

Mailing Address 581 N West Rd

City Canterbury State NH Zip Code 03224

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.12623**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 125.00  
 Contribution

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

Mailing Address 345 New Hampshire 101

City Amherst State NH Zip Code 03031

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

Name of Employer Self Occupation Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.13008**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1850.00  
 In-kind - Great Room Fee

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

Mailing Address 6 Mendelssohn Dr

City Hollis State NH Zip Code 03049

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

Name of Employer Concord Orthopedix Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.11741**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00  
 Contribution

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

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

\_\_\_\_\_ 2225.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paul Leach</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address PO Box 1510		<b>Transaction ID : SA11AI.11918</b>
City Glen Ellen	State CA	Zip Code 95442
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Paul Leach & Company	Occupation Banker	Donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mark LeDoux</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 64 Dow Road		<b>Transaction ID : SA11AI.11778</b>
City Hollis	State NH	Zip Code 03049
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Natural Alternatives Intl Inc.	Occupation CEO	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>C. Wendy Leines</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 353		<b>Transaction ID : SA11AI.12424</b>
City Medina	State MN	Zip Code 55357
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer info requested	Occupation info requested	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ann Lemert**

Mailing Address 602 Eagle Road

City Cedar Vale State KS Zip Code 67024

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.11828**

Amount of Each Receipt this Period  
 100.00

Donation

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

Mailing Address PO Box 3422

City Midland State TX Zip Code 79702

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

Name of Employer JTD Resources, LLC Occupation Oil and Gas Exploration

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.11959**

Amount of Each Receipt this Period  
 250.00

Contribution

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

Mailing Address P.O. Box 332

City Midland State TX Zip Code 79702

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

Name of Employer JTD Resources, LLC Occupation Landman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.11871**

Amount of Each Receipt this Period  
 250.00

Donation

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

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

**600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Phillip Lhones**

Mailing Address 22 Bartlett Ave

City State Zip Code  
Arlington MA 02467

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11620**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 162 Middle Hancock Rd

City State Zip Code  
Peterborough NH 03458

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

Name of Employer Information Requested Occupation Information Requested  
Retired retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11618**

Amount of Each Receipt this Period  
 Contribution 100.00

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

Mailing Address 50 Pine Hill Road

City State Zip Code  
Hollis NH 03049

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

Name of Employer Information Requested Occupation Information Requested  
Lovering Volvo Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.12503**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

1600.00

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

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

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  12  13a  13b  14  15  
 PAGE 39 OF 139

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Lovering**

Mailing Address 50 Pine Hill Road

City Hollis State NH Zip Code 03049

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

Name of Employer: Lovering Volvo Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 11 / 01 / 2014

**Transaction ID : SA11AI.11552**

Amount of Each Receipt this Period: 1000.00  
 donation

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

Mailing Address 119 Hollis Rd

City Amherst State NH Zip Code 03031

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

Name of Employer: Information Requested Occupation: Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 10 / 24 / 2014

**Transaction ID : SA11AI.11451**

Amount of Each Receipt this Period: 1000.00  
 donation

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

Mailing Address 76 Fells Road

City Portsmouth State NH Zip Code 03801

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

Name of Employer: Self Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 21 / 2014

**Transaction ID : SA11AI.11794**

Amount of Each Receipt this Period: 250.00  
 Contribution

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 139			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John MacLeod**

Mailing Address 84 Boxwood Ln

City State Zip Code  
Dover NH 03820

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

Name of Employer Occupation  
Portsmouth Christian Academy Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5959.95**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11AI.12643**

Amount of Each Receipt this Period  
**759.95**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Laura Mali-Astrue**

Mailing Address 47 Benton Rd

City State Zip Code  
Belmont MA 02487

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11AI.11711**

Amount of Each Receipt this Period  
**500.00**

Contribution

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

Mailing Address 27 Parkman Brook Ln

City State Zip Code  
Stratham NH 03885

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

Name of Employer Occupation  
Sheehan, Phinney Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : SA11AI.12673**

Amount of Each Receipt this Period  
**500.00**

Contribution

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

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

**1759.95**



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

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

FOR LINE NUMBER: PAGE 41 OF 139  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George Mayer**

Mailing Address 2 Andrews Rd

City State Zip Code  
Essex CT 06426

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

Name of Employer Occupation  
Manhattan Realty Group Real Estate Investment

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 20 2014

**Transaction ID : SA11AI.11841**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address 259 Bonds Corner Rd

City State Zip Code  
Harrisville NH 03450

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 24 2014

**Transaction ID : SA11AI.11613**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 4 Balsam Court

City State Zip Code  
Bedford NH 03110

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1705.99

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 24 2014

**Transaction ID : SA11AI.12605**

Amount of Each Receipt this Period  
205.99

Contribution

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

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

780.99

**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 42 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert J Meagher**

Mailing Address 17 Wheeler Rd

City State Zip Code  
Bow NH 03304

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

Name of Employer Occupation  
McDonough O'Shaughnessy Whaland & Meag Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SA11AI.12400**

Amount of Each Receipt this Period  
Contribution 500.00

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

Mailing Address 13602 Rushmore Lane

City State Zip Code  
Santa Ana CA 92705

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

Name of Employer Occupation  
Arden Engr. Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11AI.11964**

Amount of Each Receipt this Period  
Contribution 200.00

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

Mailing Address 1165 5th Ave

City State Zip Code  
New York NY 10029

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

Name of Employer Occupation  
Self-Employed Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SA11AI.12575**

Amount of Each Receipt this Period  
Contribution 100.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Miller**

Mailing Address 107 Clubhouse Drive, Apt. 258

City Naples State FL Zip Code 34105

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.11915**

Amount of Each Receipt this Period  
 300.00

Donation

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

Mailing Address 1330 Enclave Parkway Suite 400

City Houston State TX Zip Code 77077

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

Name of Employer Steel Contractors Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.11422**

Amount of Each Receipt this Period  
 2600.00

Contribution

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

Mailing Address 47 Hearthside Cir

City Bedford State NH Zip Code 03110

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

Name of Employer Charles Schwab Occupation Branch Leader

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11729**

Amount of Each Receipt this Period  
 500.00

Contribution

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

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

3400.00

**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 44 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond Murphy**

Mailing Address 161 Wharton Row

City Groton State MA Zip Code 01450

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.12667**

Amount of Each Receipt this Period  
250.00

Contribution

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

Mailing Address 111 Southview Lane

City Alamo State CA Zip Code 94507

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

Name of Employer Information Requested Occupation Information Requested  
N/A Semi-Retired Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : SA11AI.11892**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address 13 Courtney Circle

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Information Requested Occupation Information Requested  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.11924**

Amount of Each Receipt this Period  
250.00

Donation

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

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

1000.00

**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 45 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Art Norton</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 609 Otter Rd POB 678		<b>Transaction ID : SA11AI.12014</b>
City Grantham	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 1000.00
Name of Employer Self/Blackthorn Defense LLC	Occupation Defense Consultant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Arthur Norton</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 609 Otter Rd		<b>Transaction ID : SA11AI.9978</b>
City Grantham	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period contribution 1000.00
Name of Employer Self	Occupation Consultant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) <b>C. Alain Palmieri</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 16 Ridgewood Ave		<b>Transaction ID : SA11AI.12646</b>
City Keene	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 155.74
Name of Employer Self	Occupation Engineer (ret.)	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 355.74	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2155.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alain Palmieri**

Mailing Address 16 Ridgewood Ave

City Keene State NH Zip Code 03431

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

Name of Employer Self Occupation Engineer (ret.)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **455.74**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11AI.12264**

Amount of Each Receipt this Period  
 Contribution **100.00**

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

Mailing Address 40 Old Ringe Rd

City New Ipswich NH State NH Zip Code 03071

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

Name of Employer State of New Hampshire Occupation Representative

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.12406**

Amount of Each Receipt this Period  
 Contribution **300.00**

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

Mailing Address 26A Lawrence Ln

City Hollis State NH Zip Code 03049

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

Name of Employer na Occupation na

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.12165**

Amount of Each Receipt this Period  
 Contribution **400.00**

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald Arthur Peik**

Mailing Address 26 Lawrence Ln

City Hollis State NH Zip Code 03049

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

Name of Employer Alpine Environmental Occupation Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11AI.12269**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 136 Old Sharon Road

City Jaffrey State NH Zip Code 03452

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

Name of Employer Atlas PyroVision PRoduction Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.13059**

Amount of Each Receipt this Period  
 In-kind - Fireworks 2500.00

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

Mailing Address PO Box 1037

City Dublin State NH Zip Code 03444

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2222.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.10005**

Amount of Each Receipt this Period  
 donation 1000.00

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

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

4000.00

**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 48 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Augusta Petrone**

Mailing Address PO Box 1037

City State Zip Code  
Dublin NH 03444

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SA11AI.12592**

Amount of Each Receipt this Period  
278.00

Contribution

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

Mailing Address PO Box 1037

City State Zip Code  
Dublin NH 03444-1037

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

Name of Employer Occupation  
N/A N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.12104**

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 12316 Aboite Center Rd

City State Zip Code  
Fort Wayne IN 46814

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

Name of Employer Occupation  
Perfection Bakeries Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11AI.11951**

Amount of Each Receipt this Period  
300.00

Contribution

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

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

1578.00



**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 49 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dorothea Price</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 8 Maple Leaf Drive		<b>Transaction ID : SA11AI.12641</b>
City Nashua	State NH	Zip Code 03062
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 77.87 Contribution	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 277.87	

Full Name (Last, First, Middle Initial) <b>B. Pamela Price</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 10 Mtn Laurels Drive 603		<b>Transaction ID : SA11AI.11720</b>
City Nashua	State NH	Zip Code 03062
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 Contribution	
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Ramsden</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 125 Breck Hill Road		<b>Transaction ID : SA11AI.11988</b>
City Lyme	State NH	Zip Code 03768
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00 Contribution	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1077.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>Daniel Reynolds</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 841 Worcester Rd Apt 3-5		<b>Transaction ID : SA11AI.11796</b>
City Natick	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>John Rhoad</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 1037 Glenn Ave		<b>Transaction ID : SA11AI.11882</b>
City Washington Court House	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Donation 100.00
Name of Employer Information Requested	Occupation Information Requested	
Retired	Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>Emily Ricard</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 325 Pleasant St		<b>Transaction ID : SA11AI.12434</b>
City Concord	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Information Requested	Occupation Information Requested	
Self-employed & The Beech Hill School	School Consultant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Matthew Richard</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO BOX 176		<b>Transaction ID : SA11AI.12137</b>
City Waban	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00
Name of Employer Harvard Pilgrim	Occupation Analyst	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. John Rigas</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 35 Orchard St.		<b>Transaction ID : SA11AI.11709</b>
City Jamaica Plain	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 300.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>C. Laura Rigas</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 916 Beverly Dr		<b>Transaction ID : SA11AI.12370</b>
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 300.00
Name of Employer American Conservative Union	Occupation Communications	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 52 OF 139  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nicholas Rigas**

Mailing Address 1500 NW Massachusetts Ave

City Washington State DC Zip Code 20005

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

Name of Employer US Treasury Occupation TARP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.12324**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 11 Manchester Rd.

City Amherst State NH Zip Code 03031

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

Name of Employer The Vanguard Co. LLC Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.12020**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 237 River Rd

City Andover State MA Zip Code 01810

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

Name of Employer Yasi and Yasi Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.12051**

Amount of Each Receipt this Period  
 Contribution 100.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 53 OF 139  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roger Schaller**

Mailing Address 8210 Lakeshore Road

City Burtchville State MI Zip Code 48509

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

Name of Employer Schaller Tool and Die Co. Occupation Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.11859**

Amount of Each Receipt this Period  
 400.00

Donation

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

Mailing Address 20134 E Damerl Dr

City Covina State CA Zip Code 91724

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11588**

Amount of Each Receipt this Period  
 100.00

Donation

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

Mailing Address 3715 North 5th Street

City Arlington State VA Zip Code 22207

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

Name of Employer information requested Occupation information requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.11522**

Amount of Each Receipt this Period  
 1000.00

donation

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

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

1500.00

**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 54 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marina Slayton**

Mailing Address 8 Lewis Road

City Hanover State NH Zip Code 03755

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

Name of Employer self employed Occupation author

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 19 / 2014

**Transaction ID : SA11AI.10000**

Amount of Each Receipt this Period  
 1000.00  
 contribution

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

Mailing Address 3360 E Terrell Branch CT SE

City Marietta State GA Zip Code 30067

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

Name of Employer BDO Consulting Coprs Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.11587**

Amount of Each Receipt this Period  
 100.00  
 DONATION

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

Mailing Address 20 ash steet

City Windham State NH Zip Code 03087

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

Name of Employer INformation Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.12007**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2014
Mailing Address 20 ash steet		<b>Transaction ID : SA11AI.12541</b>
City Windham	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer INformation Requested	Occupation INformation Requested	Contribution 1500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Tina Snider</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 5 Winthrop St		<b>Transaction ID : SA11AI.12385</b>
City Winchester	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 1000.00
Name of Employer Self	Occupation Entrepenuer	Contribution 3600.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Stephen Sokol</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2014
Mailing Address 239 W 100th St 3F		<b>Transaction ID : SA11AI.11551</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period donation 2600.00
Name of Employer Self-Employed	Occupation Owner	Contribution 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Stepanek**

Mailing Address 1 Colnel Wilkins Rd

City Amherst State NH Zip Code 03031

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

Name of Employer White Cliff Realty Occupation Commercial RE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
759.95

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.12639**

Amount of Each Receipt this Period  
759.95

Contribution

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

Mailing Address 130 McCallister Road

City Bedford State NH Zip Code 03110

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.13354**

Amount of Each Receipt this Period  
1500.00

donation

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

Mailing Address 125 Elmgrove Avenue

City Providence State RI Zip Code 02906

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

Name of Employer Metacarta, Inc. Occupation Computer Programmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.11857**

Amount of Each Receipt this Period  
150.00

Donation

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

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

2409.95



**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 57 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Diane Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 411 Sunapee St		<b>Transaction ID : SA11AI.12472</b>	
City Newport	State NH	Zip Code 03773	Amount of Each Receipt this Period Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation N/A		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Marie Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 5001 Convict Hill Rd #307		<b>Transaction ID : SA11AI.12049</b>	
City Austin	State TX	Zip Code 78749	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Freescale Semiconductor	Occupation Computer Engineer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Donsld Summers</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 801 Frontage Rd Apt. 203		<b>Transaction ID : SA11AI.12003</b>	
City Oxford	State MS	Zip Code 38655	Amount of Each Receipt this Period Contribution 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Mississippi	Occupation Professor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mary Grace Sundy</b>		Date of Receipt MM / DD / YYYY 11 / 03 / 2014
Mailing Address 45 Fordyce Manor Court		<b>Transaction ID : SA11AI.12950</b>
City Lake Saint Louis	State MT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Homemaker	Occupation Homemaker	Donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. William Swaim</b>		Date of Receipt MM / DD / YYYY 10 / 17 / 2014
Mailing Address 100 E Kimberly Rd P O Box 8001		<b>Transaction ID : SA11AI.11817</b>
City Davenport	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Donation
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>C. Kent Kent Swanson</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2014
Mailing Address 28 Parrish Hill Dr		<b>Transaction ID : SA11AI.12010</b>
City Nashua	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Defense Consultant	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 59 OF 139  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kent Kent Swanson**

Mailing Address 28 Parrish Hill Dr

City State Zip Code  
Nashua NH 03063

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

Name of Employer Occupation  
Self-Employed Defense Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 23 / 2014**

**Transaction ID : SA11AI.12179**

Amount of Each Receipt this Period  
**100.00**

Contribution

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

Mailing Address 28 Parrish Hill Dr

City State Zip Code  
Nashua NH 03063

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

Name of Employer Occupation  
Self-Employed Defense Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11AI.12272**

Amount of Each Receipt this Period  
**100.00**

Contribution

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

Mailing Address 28 Parrish Hill Dr

City State Zip Code  
Nashua NH 03063

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

Name of Employer Occupation  
Self-Employed Defense Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**525.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11AI.12342**

Amount of Each Receipt this Period  
**100.00**

Contribution

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

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

**300.00**

**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 60 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kent Kent Swanson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 28 Parrish Hill Dr		<b>Transaction ID : SA11AI.12395</b>	
City Nashua	State NH	Zip Code 03063	Amount of Each Receipt this Period Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Defense Consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 625.00		

Full Name (Last, First, Middle Initial) <b>B. Kent Kent Swanson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 28 Parrish Hill Dr		<b>Transaction ID : SA11AI.12459</b>	
City Nashua	State NH	Zip Code 03063	Amount of Each Receipt this Period Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Defense Consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 725.00		

Full Name (Last, First, Middle Initial) <b>C. Kent Kent Swanson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 28 Parrish Hill Dr		<b>Transaction ID : SA11AI.12538</b>	
City Nashua	State NH	Zip Code 03063	Amount of Each Receipt this Period Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Defense Consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 825.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Zbigniew Szczepiorkowski**

Mailing Address 8 Heneage Ln

City Hanover State NH Zip Code 03755

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

Name of Employer DHC Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.12502**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address PO Box 26544

City Winston Salem State NC Zip Code 27114

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

Name of Employer Self Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11582**

Amount of Each Receipt this Period  
 Donation 200.00

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

Mailing Address 9762 Bentgrass Bnd

City Naples State FL Zip Code 34108

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.11482**

Amount of Each Receipt this Period  
 donation 1000.00

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

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

1450.00

**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 62 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin Tharp**

Mailing Address **PO Box 10704**

City **Burbank** State **CA** Zip Code **91510**

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

Name of Employer **Northrop Grumman** Occupation **Engineer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : SA11AI.12397**

Amount of Each Receipt this Period  
**500.00**  
 Contribution

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

Mailing Address **PO Box 10704**

City **Burbank** State **CA** Zip Code **91510**

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

Name of Employer **Northrop Grumman** Occupation **Engineer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11AI.12994**

Amount of Each Receipt this Period  
**500.00**  
 Contribution

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

Mailing Address **15 Milton Place**

City **Hollis** State **NH** Zip Code **03049**

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

Name of Employer information requested  
 Occupation information requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11AI.11485**

Amount of Each Receipt this Period  
**2000.00**  
 donation

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

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

**3000.00**

**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 63 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Thomas**

Mailing Address 15 Milton Place

City Hollis State NH Zip Code 03049

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

Name of Employer information requested Occupation information requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.11487**

Amount of Each Receipt this Period  
 2000.00  
 donation

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

Mailing Address 173 Strawberry Hill Rd

City Orford State NH Zip Code 03777

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

Name of Employer information requested Occupation information requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.11579**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

Mailing Address 60 N Amherst Rd

City Bedford State NH Zip Code 03110

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

Name of Employer information requested Occupation information requested  
storbridge owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.9979**

Amount of Each Receipt this Period  
 1000.00  
 contribution

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

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

3250.00

**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 64 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>Richard Trembowicz</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 6 Morel Cir		<b>Transaction ID : SA11AI.11712</b>
City Wakefield	State MA	Zip Code 01880
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Contribution 250.00	
Name of Employer Medicamatrix	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>Nicholas Vailas</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 71 Sandt Pond Parkway		<b>Transaction ID : SA11AI.12875</b>
City Bedford	State NH	Zip Code 03110
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Contribution 2000.00	
Name of Employer Choice in Health Care PAC	Occupation Chair	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Matthew Vaughan</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 216 Glyndon Street NE		<b>Transaction ID : SA11AI.11571</b>
City Vienna	State VA	Zip Code 22180
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Contribution 250.00	
Name of Employer Information Requested	Occupation Infromation Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Verney**

Mailing Address 100 Pierce Hill Rd

City Bennington State NH Zip Code 03442

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

Name of Employer Occupation  
Monadnock Paper CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.11804**

Amount of Each Receipt this Period  
Contribution 200.00

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

Mailing Address 2 Nathaniel Drive

City Amherst State NH Zip Code 03031

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

Name of Employer Occupation  
Charles River Laboratories Principle Data Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.11758**

Amount of Each Receipt this Period  
Contribution 250.00

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

Mailing Address 17 W 68th St #3

City New York State NY Zip Code 10023

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

Name of Employer Occupation  
Schulte Roth & Zabel LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11AI.12304**

Amount of Each Receipt this Period  
Contribution 500.00

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 66 OF 139  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marc Wachtenheim**

Mailing Address 1400 NW Irving St

City Washington State DC Zip Code 20010

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

Name of Employer Self Occupation Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.12594**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 275 Milford St

City Manchester State NH Zip Code 03102

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

Name of Employer Ne Plus Ultra Marketing, Inc Occupation marketing consulting

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.12626**

Amount of Each Receipt this Period  
 Contribution 125.00

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

Mailing Address 275 Milford St

City Manchester State NH Zip Code 03102

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

Name of Employer Ne Plus Ultra Marketing, Inc Occupation marketing consulting

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.12334**

Amount of Each Receipt this Period  
 Contribution 60.00

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

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

685.00

**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 67 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stephen White</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 34 High St		<b>Transaction ID : SA11AI.12117</b>
City Sunapee	State NH	Zip Code 03782
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Contribution 50.00	
Name of Employer Self Employed	Occupation IP Consulant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen White</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 34 High St		<b>Transaction ID : SA11AI.12462</b>
City Sunapee	State NH	Zip Code 03782
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Contribution 50.00	
Name of Employer Self Employed	Occupation IP Consulant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>C. Nancy Marie Wilkinson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 14 Kings Ln		<b>Transaction ID : SA11AI.12679</b>
City Keene	State NH	Zip Code 03431
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period Contribution 200.00	
Name of Employer City of Keene	Occupation Clerk	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 139
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Raeanna Williams</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 109 Castle Hill Rd		<b>Transaction ID : SA11AI.11767</b>
City Windham	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Homemaker	Occupation Homemaker	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>B. jay williams jr</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 19 Shaw Dr		<b>Transaction ID : SA11AI.12149</b>
City Wayland	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Broadcasting Unlimited, Inc.	Occupation consultant	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Roy williamson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 17 Meredith Rd		<b>Transaction ID : SA11AI.11754</b>
City Salem	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Information Requested	Contribution
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Curtin Winsor Jr.**

Mailing Address 1453 Kirby Road

City McLean State VA Zip Code 22101

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

Name of Employer self employed Occupation Business consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 19 / 2014

**Transaction ID : SA11AI.9987**

Amount of Each Receipt this Period  
**1000.00**  
 donation

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

Mailing Address 401 East City Avenue Suite 220

City Bala Cynwyd State PA Zip Code 19004

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

Name of Employer Susquehanna International Grou Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.11418**

Amount of Each Receipt this Period  
**2600.00**  
 Contribution

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

Mailing Address 27 Mill Haven Road

City Glen Mills State PA Zip Code 19342

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

Name of Employer Thomas Properties Group Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 19 / 2014

**Transaction ID : SA11AI.11905**

Amount of Each Receipt this Period  
**250.00**  
 Donation

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

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

**3850.00**

**102974.76**

**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 70 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ADRIAN SMITH FOR CONGRESS**

Mailing Address 3321 AVENUE I  
SUITE 6

City State Zip Code  
SCOTTSBLUFF NE 69361

FEC ID number of contributing federal political committee. **C** C00412890

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2014

**Transaction ID : SA11C.9998**

Amount of Each Receipt this Period  
2500.00  
contribution

**B.** Full Name (Last, First, Middle Initial)  
**ALLEN WEST GUARDIAN FUND**

Mailing Address 2140 THREE M TRAIL

City State Zip Code  
DELAND FL 32720

FEC ID number of contributing federal political committee. **C** C00493221

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11C.10010**

Amount of Each Receipt this Period  
1000.00  
donation

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Mailing Address 401 N. LINDBERGH BLVD

City State Zip Code  
ST. LOUIS MO 63141

FEC ID number of contributing federal political committee. **C** C00293910

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11C.11536**

Amount of Each Receipt this Period  
3000.00  
donation

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

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

6500.00

**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 71 OF 139
	<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)  
**Marilinda Garcia for Congress**

A. Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1111 14TH STREET, NW  
SUITE 1100**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

Transaction ID : **SA11C.11461**

Amount of Each Receipt this Period  
**2000.00**  
 donation

B. Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

Mailing Address **520 N NORTHWEST HIGHWAY**

City **PARK RIDGE** State **IL** Zip Code **60068**

FEC ID number of contributing federal political committee. **C C70004684**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

Transaction ID : **SA11C.11454**

Amount of Each Receipt this Period  
**5000.00**  
 donation

C. Full Name (Last, First, Middle Initial)  
**BILL FLORES FOR CONGRESS**

Mailing Address **PO BOX 6207**

City **BRYAN** State **TX** Zip Code **77805**

FEC ID number of contributing federal political committee. **C C00472241**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

Transaction ID : **SA11C.12893**

Amount of Each Receipt this Period  
**2000.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Choice in Health Care Committee**

Mailing Address 11 Washington Pl

City Bedford State NH Zip Code 03110

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11453**

Amount of Each Receipt this Period  
 2000.00  
 donation

**B.** Full Name (Last, First, Middle Initial)  
**CITIZENS UNITED POLITICAL VICTORY FUND**

Mailing Address 1006 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00295527**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11C.12896**

Amount of Each Receipt this Period  
 1000.00  
 Contributing

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

Mailing Address P.O. BOX 722256

City NORMAN State OK Zip Code 73070

FEC ID number of contributing federal political committee. **C C00379735**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11C.10008**

Amount of Each Receipt this Period  
 2000.00  
 donation

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

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

5000.00



**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 73 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A. CONSERVATIVES RESTORING EXCELLENCE (CRE-PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 98629

City State Zip Code  
RALEIGH NC 27624

FEC ID number of contributing federal political committee. **C C00502187**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11C.11448**

Amount of Each Receipt this Period  
2000.00  
donation

**B. CONSERVATIVE VICTORY FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 801 NORTH PITT STREET SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00009704**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11C.12666**

Amount of Each Receipt this Period  
500.00  
Contribution

**C. DEFENDERS OF FREEDOM AND SECURITY**

Full Name (Last, First, Middle Initial)  
Mailing Address 2423 C STREET #11

City State Zip Code  
SACRAMENTO CA 95816

FEC ID number of contributing federal political committee. **C C00536664**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : SA11C.12662**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

2750.00

**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 74 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DEFENDERS OF FREEDOM AND SECURITY**

Mailing Address **2423 C STREET #11**

City **SACRAMENTO** State **CA** Zip Code **95816**

FEC ID number of contributing federal political committee. **C C00536664**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 28 / 2014**

**Transaction ID : SA11C.12685**

Amount of Each Receipt this Period  
**200.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**EMERSON ELECTRIC CO. RESPONSIBLE GOVERNMENT FUND**

Mailing Address **8000 W FLORISSANT AVE  
STATION 2310**

City **ST. LOUIS** State **MO** Zip Code **63136**

FEC ID number of contributing federal political committee. **C C00080515**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11C.12683**

Amount of Each Receipt this Period  
**500.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Mailing Address **801 G STREET NW**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00452383**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : SA11C.12895**

Amount of Each Receipt this Period  
**1000.00**

Contribution

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

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

**1700.00**

**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 75 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FREEDOM'S DEFENSE FUND**

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

FEC ID number of contributing federal political committee. **C** C00401786

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11459**

Amount of Each Receipt this Period  
 5000.00  
 donation

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

Mailing Address 2 Cross St

City Amherst State NH Zip Code 03031

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

Name of Employer Occupation  
Compass Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11C.12899**

Amount of Each Receipt this Period  
 200.00  
 Contribution

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

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00326439

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11C.11518**

Amount of Each Receipt this Period  
 2500.00  
 donation

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

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

7700.00

**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 76 OF 139
	<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)  
**Marilinda Garcia for Congress**

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

Mailing Address **PO BOX 752**

City **LONG LAKE** State **MN** Zip Code **55356**

FEC ID number of contributing federal political committee. **C C00484667**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11C.11491**

Amount of Each Receipt this Period  
**2000.00**  
 donation

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

Mailing Address **1201 15TH STREET, NW SUITE 300**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00246306**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : SA11C.11538**

Amount of Each Receipt this Period  
**2000.00**  
 donation

**C.** Full Name (Last, First, Middle Initial)  
**JOBS, ECONOMY AND BUDGET FUND (JEB FUND)**

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00420695**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11C.11517**

Amount of Each Receipt this Period  
**2500.00**  
 donation

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

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

**6500.00**

**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 77 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LOUIE GOHMERT FOR CONGRESS COMMITTEE**

Mailing Address **PO BOX 8060**

City **TYLER** State **TX** Zip Code **75711**

FEC ID number of contributing federal political committee. **C C00386532**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : SA11C.11532**

Amount of Each Receipt this Period  
**2000.00**  
 donation

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

Mailing Address **C/O RED CURVE SOLUTIONS  
138 CONANT STREET**

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

FEC ID number of contributing federal political committee. **C C00427435**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : SA11C.13015**

Amount of Each Receipt this Period  
**400.00**  
 In-kind - Email Blast

**C.** Full Name (Last, First, Middle Initial)  
**MONADNOCK POLITICAL ACTION COMMITTEE**

Mailing Address **P.O. Box 1171**

City **Concord** State **NH** Zip Code **03302**

FEC ID number of contributing federal political committee. **C C00507640**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11C.11520**

Amount of Each Receipt this Period  
**2000.00**  
 donation

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

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

**4400.00**

**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 78 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR SMITH PAC**

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00563726**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 28 / 2014**

**Transaction ID : SA11C.11507**

Amount of Each Receipt this Period  
 1600.00  
 donation

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

Mailing Address **1201 N ORANGE ST STE 700 #7427**

City **WILMINGTON** State **DE** Zip Code **19801**

FEC ID number of contributing federal political committee. **C C00563759**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 23 / 2014**

**Transaction ID : SA11C.12664**

Amount of Each Receipt this Period  
 250.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**OLSON FOR CONGRESS COMMITTEE**

Mailing Address **PO BOX 16381**

City **SUGAR LAND** State **TX** Zip Code **77496**

FEC ID number of contributing federal political committee. **C C00437913**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11C.12877**

Amount of Each Receipt this Period  
 1000.00  
 Contributiong

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

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

2850.00

**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 79 OF 139
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial)  
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOIDA-PAC)

**A.** Mailing Address PO BOX 1000  
1 NW OOIDA DR.

City State Zip Code  
GRAIN VALLEY MO 64029

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.11489**

Amount of Each Receipt this Period  
 1000.00  
 donation

Full Name (Last, First, Middle Initial)  
**B. REINVENTING A NEW DIRECTION - RANDPAC**

Mailing Address PO BOX 72598

City State Zip Code  
NEWPORT KY 41072

FEC ID number of contributing federal political committee. **C** C00493924

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11C.10012**

Amount of Each Receipt this Period  
 2600.00  
 donation

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

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C** C00551366

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11449**

Amount of Each Receipt this Period  
 2000.00  
 donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 139
	<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)  
**Marilinda Garcia for Congress**

**A. SUSAN B ANTHONY LIST INC. CANDIDATE FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 1707 L STREET, NW  
SUITE 750

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00332296**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7505.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11C.11500**

Amount of Each Receipt this Period  
 5000.00  
 donation

**B. TOM RICE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1107 48TH AVE., N.  
SUITE 310-A

City MYRTLE BEACH State SC Zip Code 29577

FEC ID number of contributing federal political committee. **C C00506048**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.13076**

Amount of Each Receipt this Period  
 2000.00  
 donation

**C. UPPER HAND FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C C00503151**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11C.11505**

Amount of Each Receipt this Period  
 1000.00  
 donation

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

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

8000.00



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

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

FOR LINE NUMBER: PAGE 81 OF 139  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WALTERS FOR CONGRESS**

Mailing Address **C/O 8001 IRVINE CENTER DRIVE, #400**

City **IRVINE** State **CA** Zip Code **92618**

FEC ID number of contributing federal political committee. **C C00546853**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11C.11457**

Amount of Each Receipt this Period  
**2000.00**  
donation

Election Cycle-to-Date  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**YOUNG GUNS DAY IV 2014**

Mailing Address **228 South Washington St, Ste. 115**

City **Alexandria** State **VA** Zip Code **22314**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11C.11477**

Amount of Each Receipt this Period  
**4600.00**  
donation

Election Cycle-to-Date  
**4600.00**

**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

Amount of Each Receipt this Period

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

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

**6600.00**

**66600.00**

**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 82 OF 139
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Winning Women**

Mailing Address 228 S Washington St  
STE 115

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
36681.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA12.11438**

Amount of Each Receipt this Period  
 36681.16  
 transfer from joint fundraiser committee

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

Mailing Address 110 N. Alba Circle

City Mesa State AZ Zip Code 85213

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA12.11438.0**

Amount of Each Receipt this Period  
 250.00  
 donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 27697 N. 105th Pl

City Scottsdale State AZ Zip Code 85262

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

Name of Employer Occupation  
N/A homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2014

**Transaction ID : SA12.11438.1**

Amount of Each Receipt this Period  
 200.00  
 donation to FOWW

**[MEMO ITEM]**

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

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

36681.16

**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 83 OF 139
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Barrett**

Mailing Address 4617 E. Ocotillo Rd.

City Paradise Valley	State AZ	Zip Code 85253
-------------------------	-------------	-------------------

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

Name of Employer Triple Creek Ranch	Occupation Owner
--	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2014

**Transaction ID : SA12.11438.2**

Amount of Each Receipt this Period  
 1000.00  
 donation to FOWW

**[MEMO ITEM]**

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

Mailing Address PO Box 25026

City Phoenix	State AZ	Zip Code 85002
-----------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2266.67

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA12.11438.3**

Amount of Each Receipt this Period  
 2266.67  
 donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 20815 N. Cave Creek Rd.

City Phoenix	State AZ	Zip Code 85024
-----------------	-------------	-------------------

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

Name of Employer TAG Employer Services	Occupation President
---	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
416.66

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

**Transaction ID : SA12.11438.4**

Amount of Each Receipt this Period  
 416.66  
 donation to FOWW

**[MEMO ITEM]**

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

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

0.00

**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 84 OF 139
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Brandt**

Mailing Address 4963 Palomino Rd.

City Phoenix	State AZ	Zip Code 85018
-----------------	-------------	-------------------

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

Name of Employer Pinnacle West	Occupation Executive
-----------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 833.34

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

**Transaction ID : SA12.11438.5**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 833.34

donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 1050 W Washington St  
Suite 214

City Tempe	State AZ	Zip Code 85281
---------------	-------------	-------------------

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

Name of Employer Chamberlain Enterprise	Occupation Executive
--	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA12.11438.6**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 600.00

donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 10459 E Conoran Vista Trail

City Tucson	State AZ	Zip Code 85749
----------------	-------------	-------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA12.11438.7**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

donation to FOWW

**[MEMO ITEM]**

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

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

\_\_\_\_\_ 0.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 85 OF 139  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Diamond**

Mailing Address 2200 E. River Road

City State Zip Code  
Tucson AZ 85718

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

Name of Employer Occupation  
Self Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 11 / 2014

**Transaction ID : SA12.11438.8**

Amount of Each Receipt this Period  
500.00  
donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 5225 N. 23rd St.

City State Zip Code  
Phoenix AZ 85016

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

Name of Employer Occupation  
RED Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1666.67

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 05 / 2014

**Transaction ID : SA12.11438.9**

Amount of Each Receipt this Period  
1666.67  
donation to FOWW

**[MEMO ITEM]**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA12.11438.10**

Amount of Each Receipt this Period  
1000.00  
donation to FOWW

**[MEMO ITEM]**

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

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

0.00

**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 86 OF 139
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Laurie Florkiewicz**

Mailing Address 9760 E. Pinnacle Vista Dr.

City State Zip Code  
Scottsdale AZ 95262

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2014

**Transaction ID : SA12.11438.11**

Amount of Each Receipt this Period  
200.00

donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 10890 E. El Rancho Dr.

City State Zip Code  
Scottsdale AZ 85259

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
433.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2014

**Transaction ID : SA12.11438.12**

Amount of Each Receipt this Period  
433.34

donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 11401 N Blackheath Rd

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer Occupation  
DCI Group Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2014

**Transaction ID : SA12.11438.13**

Amount of Each Receipt this Period  
500.00

donation to FOWW

**[MEMO ITEM]**

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

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

0.00

**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 87 OF 139
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kim Hochschuler**

Mailing Address 5239 E. Paradis

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2014

**Transaction ID : SA12.11438.14**

Amount of Each Receipt this Period  
 1000.00  
 donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 3964 E. Paradise View Drive

City State Zip Code  
 Paradise Valley AZ

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

Name of Employer Occupation  
 N/A Student

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2014

**Transaction ID : SA12.11438.15**

Amount of Each Receipt this Period  
 2600.00  
 donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 9820 E. Thompson Peak Pkwy, #704

City State Zip Code  
 Scottsdale AZ 85255

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2014

**Transaction ID : SA12.11438.16**

Amount of Each Receipt this Period  
 733.33  
 donation to FOWW

**[MEMO ITEM]**

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 88 OF 139  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tom Lehman**

Mailing Address 9820 E. Thompson Peak Pkwy, #704

City State Zip Code  
Scottsdale AZ 85255

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Golf professional

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA12.11438.17**

Amount of Each Receipt this Period  
  
 donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 33 Biltmore Estates

City State Zip Code  
Phoenix AZ 85016

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Londen Insurance VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA12.11438.18**

Amount of Each Receipt this Period  
  
 donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 2228 N. Black Canyon

City State Zip Code  
Phoenix AZ 85009

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA12.11438.19**

Amount of Each Receipt this Period  
  
 donation to FOWW

**[MEMO ITEM]**

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 139
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Eric Nowack</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 4853 E. Via Estrella		<b>Transaction ID : SA12.11438.20</b>
City Phoenix	State AZ	Zip Code 85028
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 donation to FOWW	
Name of Employer Self	Occupation Physician	[MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Linda Pope</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2014
Mailing Address 6402 E. Chaparral Rd.		<b>Transaction ID : SA12.11438.21</b>
City Paradise Valley	State AZ	Zip Code 82523
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1666.67 donation to FOWW	
Name of Employer N/A	Occupation Homemaker	[MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1666.67	

Full Name (Last, First, Middle Initial) <b>C. Edward Robson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2014
Mailing Address 32 E. Riggs Rd.		<b>Transaction ID : SA12.11438.22</b>
City Sun Lakes	State AZ	Zip Code 85248
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00 donation to FOWW	
Name of Employer Robson Communities	Occupation Chairman/CEO	[MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 139
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Singer**

Mailing Address 1 West 81st St.

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA12.11438.23**

Amount of Each Receipt this Period  
 2600.00  
 donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 13645 W. Sagebrush Rd.

City State Zip Code  
Marana AZ 85653

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

Name of Employer Occupation  
Diamond Ventures Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2014

**Transaction ID : SA12.11438.24**

Amount of Each Receipt this Period  
 300.00  
 donation to FOWW

**[MEMO ITEM]**

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

Mailing Address 24 Lords Hwy

City State Zip Code  
Weston CT 06883

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
433.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA12.11438.25**

Amount of Each Receipt this Period  
 433.34  
 donation to FOWW

**[MEMO ITEM]**

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

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

0.00

**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 91 OF 139
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry Hayden**

Mailing Address 352 Deepwood Rd

City State Zip Code  
Barrington IL 60001

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 11 / 2014

**Transaction ID : SA12.11438.26**

Amount of Each Receipt this Period  
2600.00  
donation to FOWW

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Doctor Voice 4 Patient Choice**

Mailing Address 1123 State Route 3

City State Zip Code  
Gambrills MD 21054

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
83.34

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 11 / 2014

**Transaction ID : SA12.11438.27**

Amount of Each Receipt this Period  
83.34  
donation to FOWW

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Victory Trust 2014**

Mailing Address 228 S. Washington St  
Suite 115

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00564641

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
69552.18

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA12.11542**

Amount of Each Receipt this Period  
1000.00  
joint fundraising committee transfer

**[MEMO ITEM]**

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

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

0.00

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

Form/Schedule: SA12

Transaction ID : SA12.11542

\$1000 received 10/23/2014 from James R. Von Ehr, 1301 N. Pano Road, Richardson, Texas; self employed investor.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 139
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Victory Trust 2014**

Mailing Address 228 S. Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00564641

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
70552.18

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA12.13170**

Amount of Each Receipt this Period  
 1000.00  
 transfer of joint fundraising proceeds

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

Mailing Address 1301 N. Plano Road

City Richardson State TX Zip Code 75081

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

Name of Employer Occupation  
self employed investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA12.13170.0**

Amount of Each Receipt this Period  
 1000.00  
 donation to Victory Trust 2014

**[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

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

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

1000.00

37681.16

**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 94 OF 139
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>FP1</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>11 / 12 / 2014</b>
Mailing Address <b>1826 Jefferson PI NW</b>		<b>Transaction ID : SA14.12892</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20036</b>		Amount of Each Receipt this Period <b>2570.89</b>
FEC ID number of contributing federal political committee. <b>C</b>	Refund of unspent online advertising buy	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2570.89</b>	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2570.89</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2570.89</b>

**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 95 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. 7 Eleven</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address P.O. Box 711		Amount of Each Disbursement this Period 51.50
City Dallas	State TX	
Zip Code 75221	Purpose of Disbursement Gas	Transaction ID : SB17.12774
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aegis Strategic</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 2000 N 14th St Suite 710		Amount of Each Disbursement this Period 450.00
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Mailer Design	Transaction ID : SB17.12803
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Aegis Strategic</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 2000 N 14th St Suite 710		Amount of Each Disbursement this Period 4706.08
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement October Retainer and Reimbursement	Transaction ID : SB17.12808
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5207.58
<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 96 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aegis Strategic</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 2000 N 14th St Suite 710		Amount of Each Disbursement this Period 1000.00
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Mailer	Transaction ID : SB17.12810
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Airnet</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 801 Broad St		Amount of Each Disbursement this Period 4900.00
City Chattanooga	State TN	
Zip Code 37402	Purpose of Disbursement Voip Phones	Transaction ID : SB17.12730
Candidate Name	Category/ Type	
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. Airnet</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 801 Broad St		Amount of Each Disbursement this Period 841.78
City Chattanooga	State TN	
Zip Code 37402	Purpose of Disbursement Voip Phones	Transaction ID : SB17.12765
Candidate Name	Category/ Type	
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).....	6741.78
<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 97 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Airnet</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 801 Broad St		Amount of Each Disbursement this Period 1311.41 <b>Transaction ID : SB17.12870</b>
City Chattanooga	State TN	
Purpose of Disbursement Voip Phones		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 347.20 <b>Transaction ID : SB17.12736</b>
City Fort Worth	State TX	
Purpose of Disbursement Plane Tickets		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. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 347.20 <b>Transaction ID : SB17.12737</b>
City Fort Worth	State TX	
Purpose of Disbursement Plane Tickets		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).....	2005.81
<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 98 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 347.20
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Plane Tickets	<b>Transaction ID : SB17.12738</b>
Candidate Name	Category/Type	
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. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 84.50
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Ticket Fees	<b>Transaction ID : SB17.12743</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 67.83
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Ticket Fees	<b>Transaction ID : SB17.12744</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	499.53
<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 99 OF 139		
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 440.20
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Plane Tickets	<b>Transaction ID : SB17.12745</b>
Candidate Name	Category/ Type	
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. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 347.20
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Plane Tickets	<b>Transaction ID : SB17.12747</b>
Candidate Name	Category/ Type	
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. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4333 Amon Carter Boulevard		Amount of Each Disbursement this Period 486.70
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Plane Tickets	<b>Transaction ID : SB17.12749</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1274.10
<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 100 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Authorize.Net</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address P.O. Box 947		Amount of Each Disbursement this Period 2014 101.15 <b>Transaction ID : SB17.12779</b>
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Yvonne Bailly</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 363 First NH Turnpike		Amount of Each Disbursement this Period 2014 230.87 <b>Transaction ID : SB17.12828</b>
City Northwood	State NH	
Zip Code 03261	Purpose of Disbursement October Paycheck	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Bellwether Consulting Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 1150 Hungryneck Blvd C-336		Amount of Each Disbursement this Period 2014 1842.50 <b>Transaction ID : SB17.12805</b>
City Mount Pleasant	State SC	
Zip Code 29464	Purpose of Disbursement October Retainer	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2174.52
<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 101 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bellwether Consulting Group</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>	
Mailing Address 1150 Hungryneck Blvd C-336			Amount of Each Disbursement this Period <b>98.37</b>	
City Mount Pleasant	State SC	Zip Code 29464	Transaction ID : <b>SB17.12807</b>	
Purpose of Disbursement Travel expense voucher		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Bellwether Consulting Group</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 19 / 2014</b>	
Mailing Address 1150 Hungryneck Blvd C-336			Amount of Each Disbursement this Period <b>6863.00</b>	
City Mount Pleasant	State SC	Zip Code 29464	Transaction ID : <b>SB17.12856</b>	
Purpose of Disbursement Fundraiser commission Q3		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Bellwether Consulting Group</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 19 / 2014</b>	
Mailing Address 1150 Hungryneck Blvd C-336			Amount of Each Disbursement this Period <b>7414.61</b>	
City Mount Pleasant	State SC	Zip Code 29464	Transaction ID : <b>SB17.12857</b>	
Purpose of Disbursement Fundraiser Commission Q4		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>14375.98</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Boston Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 72 Kilmarnock St		Amount of Each Disbursement this Period 600.85 <b>Transaction ID : SB17.12740</b>
City Boston State MA Zip Code 02215	Purpose of Disbursement Taxi	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bridge Weekly</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address PO BOX 444		Amount of Each Disbursement this Period 475.00 <b>Transaction ID : SB17.12850</b>
City Haverhill State NH Zip Code 03744	Purpose of Disbursement Full Page Ad	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Copy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1 Eagle Sq		Amount of Each Disbursement this Period 105.00 <b>Transaction ID : SB17.12694</b>
City Concord State NH Zip Code 03301	Purpose of Disbursement Printing Literature	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	600.85
<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 103 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. City of Concord</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 41 Green St		Amount of Each Disbursement this Period 260.00
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement special duty police officer	<b>Transaction ID : SB17.12854</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Copper Door</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address Leavy Dr		Amount of Each Disbursement this Period 2080.00
City Bedford	State NH	
Zip Code 03110	Purpose of Disbursement Food, Drinks, Space	<b>Transaction ID : SB17.12724</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Crowne Plaza</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 2 Somerset Parkway		Amount of Each Disbursement this Period 322.90
City Nashua	State NH	
Zip Code 03063	Purpose of Disbursement Pence event hosted	<b>Transaction ID : SB17.12792</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2662.90
<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 104 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Crowne Plaza</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2 Somerset Parkway		Amount of Each Disbursement this Period 2672.88 <b>Transaction ID : SB17.12831</b>
City Nashua	State NH	
Zip Code 03063	Purpose of Disbursement Election night event	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Crowne Plaza</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2 Somerset Parkway		Amount of Each Disbursement this Period 216.91 <b>Transaction ID : SB17.13096</b>
City Nashua	State NH	
Zip Code 03063	Purpose of Disbursement rent hotel room for candidate	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Kenneth Cunningham</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 3344.00 <b>Transaction ID : SB17.12819</b>
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement October Paycheck	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6233.79
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Cunningham</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 780.26 <b>Transaction ID : SB17.12834</b>
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement November Paycheck	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Cunningham</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 239.87 <b>Transaction ID : SB17.13082</b>
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement voucher for gas money for last six weeks of campaign	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Darwin Cusack</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address P.O. Box 10023		Amount of Each Disbursement this Period 8000.00 <b>Transaction ID : SB17.12811</b>
City Bedford	State NH	
Zip Code 03110	Purpose of Disbursement Nh Political Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9020.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2014</b>
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period <b>19.96</b>
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Food	<b>Transaction ID : SB17.12741</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2014</b>
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period <b>13.48</b>
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Food	<b>Transaction ID : SB17.12750</b>
Candidate Name	Category/ Type	
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. Cybersource</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address 1295 CHARLESTON ROAD		Amount of Each Disbursement this Period <b>253.38</b>
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Email Hosting	<b>Transaction ID : SB17.12776</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>286.82</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cybersource</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 1295 CHARLESTON ROAD		Amount of Each Disbursement this Period 823.84 <b>Transaction ID : SB17.13063</b>
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Credit Card Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. El Toro</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 300 Distillery Commons		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.12816</b>
City Louisville	State KY Zip Code 40206	
Purpose of Disbursement Online Advertising	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. El Toro</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 300 Distillery Commons		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.12775</b>
City Louisville	State KY Zip Code 40206	
Purpose of Disbursement Online Advertising	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10823.84
<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 108 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. El Toro</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 300 Distillery Commons		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.13081</b>
City Louisville	State KY	
Zip Code 40206	Purpose of Disbursement end of campaign online advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1601 Willow Rd Menlo Park		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.12767</b>
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Glori Foster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 44 Range Rd		Amount of Each Disbursement this Period 873.50 <b>Transaction ID : SB17.12827</b>
City Windham	State NH	
Zip Code 03087	Purpose of Disbursement October Paycheck	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3023.50
<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 109 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Glori Foster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 44 Range Rd		Amount of Each Disbursement this Period 203.83 <b>Transaction ID : SB17.12841</b>
City Windham	State NH	
Purpose of Disbursement November Paycheck		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. FP1 Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 1826 Jefferson PI NW		Amount of Each Disbursement this Period 7855.00 <b>Transaction ID : SB17.12798</b>
City Washington	State DC	
Purpose of Disbursement Media Consulting		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. FP1 Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1826 Jefferson PI NW		Amount of Each Disbursement this Period 8000.00 <b>Transaction ID : SB17.12781</b>
City Washington	State DC	
Purpose of Disbursement Media Buy		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	16058.83
<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 110 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Brendan Fulmer</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address <b>4501 N Charles St</b>		Amount of Each Disbursement this Period <b>510.88</b> <b>Transaction ID : SB17.12809</b>
City <b>Baltimore</b> State <b>MD</b> Zip Code <b>21210</b>	Purpose of Disbursement <b>voucher for mileage and expenses</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brendan Fulmer</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2014</b>
Mailing Address <b>4501 N Charles St</b>		Amount of Each Disbursement this Period <b>2048.75</b> <b>Transaction ID : SB17.12821</b>
City <b>Baltimore</b> State <b>MD</b> Zip Code <b>21210</b>	Purpose of Disbursement <b>October Paycheck</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Brendan Fulmer</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 11 / 2014</b>
Mailing Address <b>4501 N Charles St</b>		Amount of Each Disbursement this Period <b>478.04</b> <b>Transaction ID : SB17.12836</b>
City <b>Baltimore</b> State <b>MD</b> Zip Code <b>21210</b>	Purpose of Disbursement <b>November Paycheck</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3037.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marilinda Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address <b>23 School St</b>		Amount of Each Disbursement this Period <b>1227.08</b> <b>Transaction ID : SB17.12690</b>
City <b>Salem</b> State <b>NH</b> Zip Code <b>03079</b>	Purpose of Disbursement <b>candidate paycheck</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Goddu Printing</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address <b>5 Candlestick Ln</b>		Amount of Each Disbursement this Period <b>3147.75</b> <b>Transaction ID : SB17.12687</b>
City <b>Salem</b> State <b>NH</b> Zip Code <b>03079</b>	Purpose of Disbursement <b>3000 yard signs</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Goddu Printing</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address <b>5 Candlestick Ln</b>		Amount of Each Disbursement this Period <b>424.15</b> <b>Transaction ID : SB17.12795</b>
City <b>Salem</b> State <b>NH</b> Zip Code <b>03079</b>	Purpose of Disbursement <b>Extra Yard Signs</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4798.98</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Goddu Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 5 Candlestick Ln		Amount of Each Disbursement this Period 3073.70
City Salem	State NH	
Zip Code 03079	Purpose of Disbursement Yard Signs	Transaction ID : SB17.12796
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 138.92
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Email Hosting	Transaction ID : SB17.12742
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 103.54
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Online Advertising	Transaction ID : SB17.12768
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3316.16
<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 113 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 500.00
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Online Advertising	Candidate Name	Transaction ID : SB17.12777
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 500.00
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Webhosting	Candidate Name	Transaction ID : SB17.12784
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Greg Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1236 Derbyshire Rd		Amount of Each Disbursement this Period 1275.25
City Potomac	State MD Zip Code 20854	
Purpose of Disbursement October Paycheck	Candidate Name	Transaction ID : SB17.12825
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2275.25
<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 114 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Greg Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 1236 Derbyshire Rd		Amount of Each Disbursement this Period 297.65 <b>Transaction ID : SB17.12839</b>
City Potomac	State MD	
Zip Code 20854	Purpose of Disbursement November Paycheck	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Gregory Hernandez</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1236 Derbyshire Rd		Amount of Each Disbursement this Period 219.35 <b>Transaction ID : SB17.13087</b>
City Potomac	State MD	
Zip Code 20854	Purpose of Disbursement voucher for stamps, blank CD's, food for office, meals	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Historical Society of Cheshire County</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 246 Main Street		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.13088</b>
City Keene	State NH	
Zip Code 03431	Purpose of Disbursement Town Hall rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	767.00
<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 115 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. David Horan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 212 Coolidge Avenue		Amount of Each Disbursement this Period 5000.00
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement Treasurer Services	<b>Transaction ID : SB17.12814</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amy LaBelle</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 345 New Hampshire 101		Amount of Each Disbursement this Period 1850.00
City Amherst	State NH	
Zip Code 03031	Purpose of Disbursement In-kind - Great Room Fee	<b>Transaction ID : SB17.13009</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. LaBelle Winery</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 345 New Hampshire 101		Amount of Each Disbursement this Period 1100.00
City Amherst	State NH	
Zip Code 03031	Purpose of Disbursement Parking Service	<b>Transaction ID : SB17.12717</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7950.00
<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 116 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. LaBelle Winery</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>	
Mailing Address <b>345 New Hampshire 101</b>			Amount of Each Disbursement this Period <b>4071.18</b>	
City <b>Amherst</b>	State <b>NH</b>	Zip Code <b>03031</b>	Transaction ID : <b>SB17.12799</b>	
Purpose of Disbursement <b>Food, Wine, Event Space</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Live Juice</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>	
Mailing Address <b>5 South Main St</b>			Amount of Each Disbursement this Period <b>11.66</b>	
City <b>Concord</b>	State <b>NH</b>	Zip Code <b>03301</b>	Transaction ID : <b>SB17.12698</b>	
Purpose of Disbursement <b>Food Expense</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Live Juice</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>	
Mailing Address <b>5 South Main St</b>			Amount of Each Disbursement this Period <b>6.26</b>	
City <b>Concord</b>	State <b>NH</b>	Zip Code <b>03301</b>	Transaction ID : <b>SB17.12726</b>	
Purpose of Disbursement <b>Food Expenses</b>		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4089.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Live Juice</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 5 South Main St		Amount of Each Disbursement this Period <b>6.26</b>
City Concord	State NH	
Zip Code 03301	Purpose of Disbursement	<b>Transaction ID : SB17.12761</b>
Candidate Name	Category/Type	
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. Liz Christoffersen and Co</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2014</b>
Mailing Address 27 Nartoff Rd		Amount of Each Disbursement this Period <b>6000.00</b>
City Hollis	State NH	
Zip Code 03049	Purpose of Disbursement Political Field Consulting October	<b>Transaction ID : SB17.12801</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Liz Christoffersen and Co</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address 27 Nartoff Rd		Amount of Each Disbursement this Period <b>2170.00</b>
City Hollis	State NH	
Zip Code 03049	Purpose of Disbursement NH Political Field Consulting and Scheduling	<b>Transaction ID : SB17.12832</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8176.26</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Market Basket</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 875 East St.		Amount of Each Disbursement this Period 47.50
City Tewksbury	State MA	
Zip Code 01876	Purpose of Disbursement Office Food	Transaction ID : SB17.12725
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patrick Marvin</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 24 Rosemont Ave Apt 2		Amount of Each Disbursement this Period 2048.75
City Portland	State ME	
Zip Code 04103	Purpose of Disbursement October Paycheck	Transaction ID : SB17.12823
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Patrick Marvin</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 24 Rosemont Ave Apt 2		Amount of Each Disbursement this Period 478.04
City Portland	State ME	
Zip Code 04103	Purpose of Disbursement November Paycheck	Transaction ID : SB17.12838
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2574.29
<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 119 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. MAVERICK PAC USA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address <b>C/O RED CURVE SOLUTIONS 138 CONANT STREET</b>		Amount of Each Disbursement this Period <b>400.00</b> <b>Transaction ID : SB17.13017</b>
City <b>BEVERLY</b>	State <b>MA</b> Zip Code <b>01915</b>	
Purpose of Disbursement <b>In-kind - Email Blast</b>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Medeiros</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address <b>7036 Church St</b>		Amount of Each Disbursement this Period <b>100.00</b> <b>Transaction ID : SB17.13058</b>
City <b>Loudon</b>	State <b>NH</b> Zip Code <b>03307</b>	
Purpose of Disbursement <b>Event Cost Reimbursement</b>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Michael Medeiros</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2014</b>
Mailing Address <b>7036 Church St</b>		Amount of Each Disbursement this Period <b>2048.75</b> <b>Transaction ID : SB17.12822</b>
City <b>Loudon</b>	State <b>NH</b> Zip Code <b>03307</b>	
Purpose of Disbursement <b>October Paycheck</b>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2548.75</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Michael Medeiros</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014		
Mailing Address 7036 Church St			Amount of Each Disbursement this Period 478.04		
City Loudon	State NH	Zip Code 03307	Transaction ID : SB17.12837		
Purpose of Disbursement November Paycheck		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Mentzer Media Services</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014		
Mailing Address 600 Fairmount Ave			Amount of Each Disbursement this Period 10000.00		
City Towson	State MD	Zip Code 21286	Transaction ID : SB17.12715		
Purpose of Disbursement Media Buy		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Mentzer Media Services</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014		
Mailing Address 600 Fairmount Ave			Amount of Each Disbursement this Period 70000.00		
City Towson	State MD	Zip Code 21286	Transaction ID : SB17.12748		
Purpose of Disbursement Media Buy		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	170478.04
<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 121 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mentzer Media Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 600 Fairmount Ave		Amount of Each Disbursement this Period 47000.00
City Towson	State MD	
Zip Code 21286	Purpose of Disbursement Media Buy	Transaction ID : SB17.12755
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mentzer Media Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 600 Fairmount Ave		Amount of Each Disbursement this Period 10000.00
City Towson	State MD	
Zip Code 21286	Purpose of Disbursement Media Buy Supplement	Transaction ID : SB17.12766
Candidate Name	Category/ Type	
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. Zach Montanaro</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 9 Glenwood Rd		Amount of Each Disbursement this Period 1659.00
City Windham	State NH	
Zip Code 03087	Purpose of Disbursement October paycheck	Transaction ID : SB17.13100
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58659.00
<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 122 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Zach Montanaro</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address 9 Glenwood Rd		Amount of Each Disbursement this Period <b>370.07</b> <b>Transaction ID : SB17.13084</b>
City Windham	State NH	
Zip Code 03087	Purpose of Disbursement voucher for party food/drinks, sign posts	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Zach Montanaro</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 11 / 2014</b>
Mailing Address 9 Glenwood Rd		Amount of Each Disbursement this Period <b>387.10</b> <b>Transaction ID : SB17.12843</b>
City Windham	State NH	
Zip Code 03087	Purpose of Disbursement November Paycheck	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 10 / 2014</b>
Mailing Address 448 S. Hill St. Suite 200		Amount of Each Disbursement this Period <b>629.00</b> <b>Transaction ID : SB17.12866</b>
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Website Hosting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1386.17</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 14 / 2014</b>
Mailing Address <b>448 S. Hill St. Suite 200</b>		Amount of Each Disbursement this Period <b>69.00</b>
City <b>Los Angeles</b>	State <b>CA</b>	Transaction ID : <b>SB17.12871</b>
Zip Code <b>90013</b>	Purpose of Disbursement <b>Email Hosting</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NH Department of Employment Security</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 16 / 2014</b>
Mailing Address <b>PO Box 2058</b>		Amount of Each Disbursement this Period <b>999.00</b>
City <b>Concord</b>	State <b>NH</b>	Transaction ID : <b>SB17.12862</b>
Zip Code <b>03301</b>	Purpose of Disbursement <b>Unemployment Compensation taxes</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NH GOP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2014</b>
Mailing Address <b>10 Water St</b>		Amount of Each Disbursement this Period <b>6000.00</b>
City <b>Concord</b>	State <b>NH</b>	Transaction ID : <b>SB17.12800</b>
Zip Code <b>03301</b>	Purpose of Disbursement <b>College Deployments</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7068.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 139		
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paypal</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 16.00
City San Jose State CA Zip Code 95131	Purpose of Disbursement	
Candidate Name	Category/Type	Transaction ID : SB17.12753
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. Steve Pelkey</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 136 Old Sharon Road		Amount of Each Disbursement this Period 2500.00
City Jaffrey State NH Zip Code 03452	Purpose of Disbursement In-kind - Fireworks	
Candidate Name	Category/Type	Transaction ID : SB17.13061
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Printer's Square</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 105 Faltin Dr		Amount of Each Disbursement this Period 1196.89
City Manchester State NH Zip Code 03103	Purpose of Disbursement Palm Card Design and Printing	
Candidate Name	Category/Type	Transaction ID : SB17.12718
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3712.89
<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 125 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Printer's Square</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		31		2014
M M	/	D D	/	Y Y Y Y									
10		31		2014									
Mailing Address 105 Faltin Dr		Amount of Each Disbursement this Period											
City Manchester State NH Zip Code 03103		<table border="1"> <tr> <td>231.46</td> </tr> </table>		231.46									
231.46													
Purpose of Disbursement Sticker Printing		Transaction ID : SB17.12760											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014											
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Reach Communication</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		16		2014
M M	/	D D	/	Y Y Y Y									
10		16		2014									
Mailing Address 8823 Zealand Ave N		Amount of Each Disbursement this Period											
City Minneapolis State MN Zip Code 55445		<table border="1"> <tr> <td>558.72</td> </tr> </table>		558.72									
558.72													
Purpose of Disbursement Media Production		Transaction ID : SB17.12861											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014											
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Residential Rentals</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	11		24		2014
M M	/	D D	/	Y Y Y Y									
11		24		2014									
Mailing Address 7 S State St STE 7		Amount of Each Disbursement this Period											
City Concord State NH Zip Code 03301		<table border="1"> <tr> <td>310.00</td> </tr> </table>		310.00									
310.00													
Purpose of Disbursement November rent for first week plus carpet cleaning		Transaction ID : SB17.13080											
Candidate Name		Category/Type											
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014											
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)											

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1100.18
<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 126 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rift Media Co.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address <b>1702 Blare Blvd 1</b>		Amount of Each Disbursement this Period <b>15040.00</b>
City <b>Nashville</b>	State <b>TN</b> Zip Code <b>37212</b>	
Purpose of Disbursement <b>Web Video Production</b>	Candidate Name	<b>Transaction ID : SB17.12686</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Salt Hill Pub</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address <b>2 S Park St</b>		Amount of Each Disbursement this Period <b>337.69</b>
City <b>Lebanon</b>	State <b>NH</b> Zip Code <b>03766</b>	
Purpose of Disbursement <b>Food Expenses</b>	Candidate Name	<b>Transaction ID : SB17.12696</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Ryder Selmi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 01 / 2014</b>
Mailing Address <b>9 Martin St</b>		Amount of Each Disbursement this Period <b>873.50</b>
City <b>Concord</b>	State <b>NH</b> Zip Code <b>03301</b>	
Purpose of Disbursement <b>October Paycheck</b>	Candidate Name	<b>Transaction ID : SB17.12826</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>16251.19</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 139	
	<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)  
**Marilinda Garcia for Congress**

**A. Ryder Selmi**

Full Name (Last, First, Middle Initial)

Mailing Address 9 Martin St

City Concord State NH Zip Code 03301

Purpose of Disbursement November Paycheck

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 11 / 11 / 2014

Amount of Each Disbursement this Period 203.83

Transaction ID : SB17.12840

**B. Staples**

Full Name (Last, First, Middle Initial)

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702

Purpose of Disbursement stamps and thank you cards from Concord Staples

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 11 / 02 / 2014

Amount of Each Disbursement this Period 82.47

Transaction ID : SB17.13091

**C. Strategic Advance Services**

Full Name (Last, First, Middle Initial)

Mailing Address 611 Pennsylvania Ave SE 267

City Washington State DC Zip Code 20003

Purpose of Disbursement Travel Expenses for Speaker Boehner

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 10 / 16 / 2014

Amount of Each Disbursement this Period 2250.00

Transaction ID : SB17.12691

**SUBTOTAL** of Disbursements This Page (optional)..... 2536.30

**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 128 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tom Szold</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 6,466.74 <b>Transaction ID : SB17.12818</b>
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement October Pay	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Tom Szold</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 1,072.84 <b>Transaction ID : SB17.12833</b>
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement November Paycheck	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Tom Szold</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period 796.00 <b>Transaction ID : SB17.13097</b>
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement mileage voucher paid	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6466.74
<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 129 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tom Szold</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address 514 Rimmon St		Amount of Each Disbursement this Period <b>1167.96</b>
City Manchester	State NH	
Zip Code 03102	Purpose of Disbursement voucher paid for travel expenses	<b>Transaction ID : SB17.13098</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TD Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2014</b>
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period <b>25.00</b>
City Cherry Hill	State NJ	
Zip Code 08034	Purpose of Disbursement Wire Transfer Fee	<b>Transaction ID : SB17.12713</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. TD Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2014</b>
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period <b>25.00</b>
City Cherry Hill	State NJ	
Zip Code 08034	Purpose of Disbursement Wire Transfer Fee	<b>Transaction ID : SB17.12739</b>
Candidate Name	Category/Type	
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).....	<b>1217.96</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. TD Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period <b>65.00</b>
City Cherry Hill	State NJ	
Zip Code 08034	Purpose of Disbursement DR/CR CHARGES	<b>Transaction ID : SB17.12762</b>
Candidate Name	Category/ Type	
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. TD Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period <b>25.00</b>
City Cherry Hill	State NJ	
Zip Code 08034	Purpose of Disbursement	<b>Transaction ID : SB17.12763</b>
Candidate Name	Category/ Type	
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. TD Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period <b>25.00</b>
City Cherry Hill	State NJ	
Zip Code 08034	Purpose of Disbursement Wire Transfer Fee	<b>Transaction ID : SB17.12778</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Tecce</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 49 Abbott Ave		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.12846</b>
City Everett	State MA	
Zip Code 02149	Purpose of Disbursement Political Consulting Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Tele Opinion Research</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 3275 Cobbs Drive		Amount of Each Disbursement this Period 7200.00 <b>Transaction ID : SB17.12806</b>
City Palm Harbor	State FL	
Zip Code 34684	Purpose of Disbursement Opinion Poll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Town of Hanover</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 41 S Main St		Amount of Each Disbursement this Period 200.16 <b>Transaction ID : SB17.12735</b>
City Hanover	State NH	
Zip Code 03755	Purpose of Disbursement Police Officer	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8400.16
<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 132 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ryan Tidwell</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>
Mailing Address <b>21 Mountain Rd</b>		Amount of Each Disbursement this Period <b>184.70</b> <b>Transaction ID : SB17.12813</b>
City <b>Bedford</b>	State <b>NH</b> Zip Code <b>03310</b>	
Purpose of Disbursement <b>Gas Reimbursement</b>	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Town of Littleton</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 19 / 2014</b>
Mailing Address <b>2 Kittridge Lane</b>		Amount of Each Disbursement this Period <b>203.00</b> <b>Transaction ID : SB17.12852</b>
City <b>Littleton</b>	State <b>NH</b> Zip Code <b>03561</b>	
Purpose of Disbursement <b>Police Man</b>	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Treasury Department</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address <b>PO Box 804522</b>		Amount of Each Disbursement this Period <b>10752.40</b> <b>Transaction ID : SB17.12783</b>
City <b>Cincinnati</b>	State <b>OH</b> Zip Code <b>45280</b>	
Purpose of Disbursement <b>October withholding and payroll taxes</b>	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>11140.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury Department</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>PO Box 804522</b>		Amount of Each Disbursement this Period <b>8257.97</b> <b>Transaction ID : SB17.13079</b>
City <b>Cincinnati</b> State <b>OH</b> Zip Code <b>45280</b>	Purpose of Disbursement <b>November payroll taxes and withholding</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Unutil</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2014</b>
Mailing Address <b>6 Liberty Lane w</b>		Amount of Each Disbursement this Period <b>227.71</b> <b>Transaction ID : SB17.12709</b>
City <b>Hampton</b> State <b>NH</b> Zip Code <b>03842</b>	Purpose of Disbursement <b>Electric Bill</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2014</b>
Mailing Address <b>72 Flightline Dr</b>		Amount of Each Disbursement this Period <b>213.33</b> <b>Transaction ID : SB17.12788</b>
City <b>Auburn</b> State <b>ME</b> Zip Code <b>04210</b>	Purpose of Disbursement <b>Mailing</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>8699.01</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 139		
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 315.70
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Plane Tickets	Candidate Name	Transaction ID : SB17.12732
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 260.20
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Plane Tickets	Candidate Name	Transaction ID : SB17.12733
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 371.20
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Plane Tickets	Candidate Name	Transaction ID : SB17.12746
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	947.10
<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 135 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Virtual PBX</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 111 N. Market Street, Suite 1000		Amount of Each Disbursement this Period 58.77
City San Jose State CA Zip Code 95113	Purpose of Disbursement Conference Line	
Candidate Name	Category/Type	<b>Transaction ID : SB17.12706</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dante Vitagliano</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 2048.75
City Concord State NH Zip Code 03301	Purpose of Disbursement October Paycheck	
Candidate Name	Category/Type	<b>Transaction ID : SB17.12820</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Dante Vitagliano</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 87.09
City Concord State NH Zip Code 03301	Purpose of Disbursement voucher for ice, cheese, crackers, food	
Candidate Name	Category/Type	<b>Transaction ID : SB17.13085</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2194.61
<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 136 OF 139			
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dante Vitagliano</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 478.04 <b>Transaction ID : SB17.12835</b>
City Concord	State NH	
Purpose of Disbursement November Paycheck		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Dante Vitagliano</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 509.32 <b>Transaction ID : SB17.12845</b>
City Concord	State NH	
Purpose of Disbursement Mileage voucher		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Dante Vitagliano</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 9 Martin St		Amount of Each Disbursement this Period 239.00 <b>Transaction ID : SB17.13086</b>
City Concord	State NH	
Purpose of Disbursement mileage voucher for September and October		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1226.36
<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 137 OF 139	
	<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)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wiley Reine LLP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2014</b>
Mailing Address <b>1776 K St NW</b>		Amount of Each Disbursement this Period <b>900.00</b> <b>Transaction ID : SB17.12804</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20006</b>	Purpose of Disbursement <b>Legal Consulting Fee</b>	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wiley Reine LLP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 11 / 2014</b>
Mailing Address <b>1776 K St NW</b>		Amount of Each Disbursement this Period <b>270.00</b> <b>Transaction ID : SB17.12847</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20006</b>	Purpose of Disbursement <b>Legal Fees</b>	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Woman's National Republican's Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>3 West 51st Street</b>		Amount of Each Disbursement this Period <b>752.56</b> <b>Transaction ID : SB17.12872</b>
City <b>New York</b>	State <b>NY</b>	
Zip Code <b>10019</b>	Purpose of Disbursement <b>Food and Event Space</b>	Category/ Type
Candidate Name	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1922.56</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>424044.79</b>

**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 138 OF 139	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. John MacLeod</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 84 Boxwood Ln		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB20A.13102</b>
City Dover	State NH Zip Code 03820	
Purpose of Disbursement Refund of over limit contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Frank Tyler Whitcomb</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 354 Bay Point Rd		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB20A.13067</b>
City Sunapee	State NH Zip Code 03782	
Purpose of Disbursement Refund for 09/29		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>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	
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).....	3350.00
<b>TOTAL</b> This Period (last page this line number only).....	3350.00

**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 139 OF 139	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marilinda Garcia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Choice in Health Care Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 20 / 2014</b>
Mailing Address 11 Washington Pl		Amount of Each Disbursement this Period <b>2000.00</b>
City Bedford State NH Zip Code 03110	Purpose of Disbursement Refund of October 24th Donation	
Candidate Name	Category/Type	<b>Transaction ID : SB20C.12912</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>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	Purpose of Disbursement	
Candidate Name	Category/Type	
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	Purpose of Disbursement	
Candidate Name	Category/Type	
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).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2000.00</b>