

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
STEPHEN F. LYNCH FOR CONGRESS

ADDRESS (number and street) 105 FARRAGUT ROAD
 Check if different than previously reported. (ACC)
BOSTON MA 02127

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

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

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

5. Covering Period 01 01 2006 through 03 31 2006

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

Signature of Treasurer Electronically Filed by BRIAN MILLER Date 04 21 2006

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

STEPHEN F. LYNCH FOR CONGRESS

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	194610.00	762798.34
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	194610.00	762798.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	66105.51	372873.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	212.00	8239.86
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	65893.51	364633.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1003348.18	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	350.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
STEPHEN F. LYNCH FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

123925.00

.00

(ii) Unitemized.....

15385.00

.00

(iii) TOTAL of contributions

139310.00

560823.34

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

55300.00

201975.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

194610.00

762798.34

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

212.00

8239.86

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

3627.70

15072.17

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

198449.70

786110.37

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	66105.51	372873.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	3980.00	44452.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	70085.51	417325.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	874983.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	198449.70
25. SUBTOTAL (add Line 23 and Line 24).....	1073433.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70085.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1003348.18

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSEPH F AGNELLI, JR

Mailing Address 342 SPRING ST

City SHREWSBURY State MA Zip Code 01545

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

Name of Employer KECHES & MALLEN Occupation LAWYER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA11A1.419644

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
JOHN P AHERN

Mailing Address 46 MOULTON ST

City NEWTON State MA Zip Code 02462

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

Name of Employer BUSINESS MANAGER Occupation DONOGHUE, BARRETT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2006

Transaction ID: SA11A1.414394

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
THEODORE J ALEXIO

Mailing Address 11 BENEFIT STREET

City TAUNTON State MA Zip Code 02780-3245

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

Name of Employer ALEIXO LAW OFFICES, P.C. Occupation LAWYER/LOBBYIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA11A1.419146

Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROBERT L ALLEN		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 296 RUSSETT RD		Transaction ID: SA11A1.418885
City BROOKLINE	State MA	Amount of Each Receipt this Period 250.00
Zip Code 02467	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. RUSSELL J ANDERSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address P.O. BOX 206		Transaction ID: SA11A1.420660
City ROCKLAND	State MA	Amount of Each Receipt this Period 500.00
Zip Code 02370	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SOUTHEASTERN METAL COMPANY	Occupation MANAGER	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. ANTHONY J ANTONELLIS		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 21 GAY ST		Transaction ID: SA11A1.414403
City WESTWOOD	State MA	Amount of Each Receipt this Period 250.00
Zip Code 02090	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SLOANE & WALSH, LLP	Occupation ATTORNEY	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOSEPH T BAERLEIN		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006
Mailing Address 65 EAST INDIA ROW 36A		Transaction ID: SA11A1.419018
City BOSTON	State MA	Zip Code 02110-3305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RASKY/BAERLEIN GROUP	Occupation PRESIDENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. PAUL M BARRETT		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2006
Mailing Address ONE BEACON STREET		Transaction ID: SA11A1.414409
City BOSTON	State MA	Zip Code 02108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer DONOGHUE, BARRETT & SINGAL	Occupation ATTORNEY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. J LEO BARRY		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 307 WINDY ROW		Transaction ID: SA11A1.419413
City PETERBOROUGH	State NH	Zip Code 03458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HALLOMOU TRANSPORTATION CO.	Occupation EXECUTIVE	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEPHEN T BISHOP

Mailing Address 44 HASTINGS ST

City State Zip Code
BOSTON MA 02132

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

Name of Employer Occupation
FISHERMANS MARINE PARK DEVELOPMENT COM FOUNDER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418919

Amount of Each Receipt this Period
125.00

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

B. Full Name (Last, First, Middle Initial)
ROBERT K BLAISDELL

Mailing Address 30 OAKLAND ST

City State Zip Code
SALEM MA 01970

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

Name of Employer Occupation
DONAHUE, BARRETT & SINGALL ATTORNEY

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414417

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
RONALD BLEDAY

Mailing Address 16 FIELDSTONE RD

City State Zip Code
WESTWOOD MA 02090

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

Name of Employer Occupation
BRIGHAM & WOMENS HOSPITAL PHYSICIAN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419152

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALEXANDER T BOK		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 35 MELROSE ST		Transaction ID: SA11A1.419347
City BOSTON State MA Zip Code 02116-5304	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer RASKY, BAERLIN GROUP Occupation LAWYER		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. STEVEN J BROOKS		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006
Mailing Address 155 STONEY LEA RD		Transaction ID: SA11A1.418727
City DEDHAM State MA Zip Code 02026	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SELF EMPLOYED Occupation ATTORNEY		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. CORNELIUS P BUCKLEY, JR		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 209 STIMSON ST		Transaction ID: SA11A1.419142
City BOSTON State MA Zip Code 02132-5726	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation RETIRED		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 440.00	

SUBTOTAL of Receipts This Page (optional)	1450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. JOHN F BUDDLE

Mailing Address 445 LEOMINSTER RD

City LUNENBURG State MA Zip Code 01462

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

Name of Employer MASSACHUSETTS CREDIT UNION SHARE INSUR Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414429

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
CORNELIUS P BULMAN

Mailing Address 15 PILGRIM WAY

City PLYMOUTH State MA Zip Code 02360

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

Name of Employer CARNEY HOSPITAL Occupation COO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414443

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
JAY M CASHMAN

Mailing Address 315 DARTMOUTH ST

City BOSTON State MA Zip Code 02116-1820

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

Name of Employer CASHMAN CONSTRUCTORS Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419327

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. ROGER CASSIN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 29 GODDARD CIR		Transaction ID: SA11A1.419209	
City BROOKLINE	State MA	Zip Code 02445	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer WINN DEVELOPMENT	Occupation RE DEVELOPER	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1500.00			

Full Name (Last, First, Middle Initial) B. STEPHEN E CHALETZKY		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 1572 COMMONWEALTH AVE		Transaction ID: SA11A1.419415	
City NEWTON	State MA	Zip Code 02465	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE INVESTOR	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) C. CAROL A CLEMENTS		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 39 NEEDHAM ST		Transaction ID: SA11A1.419194	
City DEDHAM	State MA	Zip Code 02026	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer	Occupation RETIRED	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STEPHEN J CLIFFORD		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 248 MT VERNON ST		Transaction ID: SA11A1.418753
City State Zip Code DEDHAM MA 02026	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation SELF-EMPLOYED BUILDER	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 850.00	

Full Name (Last, First, Middle Initial) B. BRIAN C CLOHERTY		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 1812 COLUMBIA RD		Transaction ID: SA11A1.419022
City State Zip Code BOSTON MA 02127-3416	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation KECHES & MALLEEN PC ATTORNEY	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JONATHAN CLOSE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 39 GROVE HILL PK		Transaction ID: SA11A1.419197
City State Zip Code NEWTON MA 02460	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation NORDBLOM COMPANY REAL ESTATE BROKER	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAUL F CONNOLLY		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 29 ANDREA DR		Transaction ID: SA11A1.418937
City BRAINTREE	State MA	Zip Code 02184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer OPTIMUM MORTGAGE CORP	Occupation CPA	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. WILLIAM M CONNOLLY		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 33 ANGELA ST		Transaction ID: SA11A1.419417
City CANTON	State MA	Zip Code 02021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CONNOLLY PARTNERS LLC	Occupation MANAGING PARTNER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. DONNA WEBB CONROY		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 480 YORK ST		Transaction ID: SA11A1.419369
City CANTON	State MA	Zip Code 02021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation HOUSEWIFE	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TERENCE W CONROY		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 480 YORK ST		Transaction ID: SA11A1.419368
City CANTON	State MA	Zip Code 02021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer CONROY DEVELOPMENT	Occupation PRESIDENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. WILLIAM F CONROY		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 186 FISHER ST		Transaction ID: SA11A1.419630
City NEEDHAM	State MA	Zip Code 02492
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation CIVIL ENGR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. PHILLIP M COOPER		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2006
Mailing Address 21 COOLIDGE AVE		Transaction ID: SA11A1.414384
City BRAINTREE	State MA	Zip Code 02184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer USPS	Occupation CLERK	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN G COUGHLIN

Mailing Address 28 JASON'S PATH

City State Zip Code
WALPOLE MA 02081-2437

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

Name of Employer Occupation
ENGINEER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418888

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. RALPH F COX

Mailing Address 24 COLUMBIA WAY

City State Zip Code
NEWBURY MA 01951

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

Name of Employer Occupation
N.E.D. REAL ESTATE

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418946

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
NEIL P CROWLEY

Mailing Address 34 GARTH RD

City State Zip Code
BOSTON MA 02132

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

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419639

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOSEPH A CURNANE		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 2 HULL STREET 1		Transaction ID: SA11A1.419141
City BOSTON	State MA	Zip Code 02113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer BOSTON PROFESSIONAL HOCKEY ASSOCIATION	Occupation ASST TO THE PRESIDENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. LAWRENCE H CURTIS		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 209C IPSWICH RD		Transaction ID: SA11A1.419380
City BOXFORD	State MA	Zip Code 01921-1619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer WINN COMPANIES	Occupation REAL ESTATE DEVELOPER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JOHN DEBAIROS, JR		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address 8 SYLVAN AVE		Transaction ID: SA11A1.418917
City NEWTON	State MA	Zip Code 02465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation C P A	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROBERT P DEMARCO		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 34 ROCK MEADOW DR		Transaction ID: SA11A1.418982
City BROCKTON	State MA	Zip Code 02301
Amount of Each Receipt this Period 250.00		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer CAMPANELLI COMPANIES	Occupation REAL ESTATE	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. JAMES P DEMETRI		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 11 OSCARS WAY		Transaction ID: SA11A1.419217
City NORTH READING	State MA	Zip Code 01864-0000
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer VICE PRESIDENT	Occupation BOSTON THERMO KING	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MICHAEL C DEMETRI		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 317 HAVERHILL ST		Transaction ID: SA11A1.419215
City NORTH READING	State MA	Zip Code 01864
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer THERMO KING	Occupation THERMO KING	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRIAN C DEVER		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 5 WINDSOR PL		Transaction ID: SA11A1.419023	
City State Zip Code MANSFIELD MA 02048-1754		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer KECHES & MALLEN PC		Occupation ATTORNEY	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. DANIEL E DILORATI		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 68 CEDARCLIFF RD		Transaction ID: SA11A1.419221	
City State Zip Code BRAINTREE MA 02184-3616		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer DANIEL E DILORATI		Occupation ATTORNEY	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. MICHAEL DIRRANE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 1409 CAISTOR LANE		Transaction ID: SA11A1.419345	
City State Zip Code RALEIGH NC 27614		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

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

Mailing Address 1409 CAISTOR LANE

City State Zip Code
RALEIGH NC 27614

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419346

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
MR ROGER D DONOGHUE

Mailing Address 27 JACKSON DR

City State Zip Code
ACTON MA 01720-3122

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

Name of Employer Occupation
ATTORNEY DONOGHUE, BARRETT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414393

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
MR PAUL T DONOVAN

Mailing Address 82 PARK AVE

City State Zip Code
NEWTON MA 02458

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

Name of Employer Occupation
KEARNEY DONOVAN & MCGEE ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414440

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HENRY DORMITZER, III

Mailing Address 39 WINGATE RD

City State Zip Code
WELLESLEY MA 02481-1114

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

Name of Employer Occupation
BANKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419329

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
TERENCE G DOUGHERTY

Mailing Address 57 DENT ST

City State Zip Code
BOSTON MA 02132

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

Name of Employer Occupation
CARITAS CHRISTI HEALTH CARE VP OF PAYOR RELATIONS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414402

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
JOHN E DREW

Mailing Address 73 BURDITT AVE

City State Zip Code
HINGHAM MA 02043

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

Name of Employer Occupation
DREW COMPANIES DEVELOPER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414424

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHN P DREW		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2006
Mailing Address 65 EAST INDIA ROW 12B		Transaction ID: SA11A1.414425
City BOSTON	State MA	Zip Code 02110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TRADE CENTER MANAGEMENT ASSOC.	Occupation MANAGING DIRECTOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. SUZANNE CORCORAN EARLY		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2006
Mailing Address 6104 VERNON TERRACE		Transaction ID: SA11A1.414389
City ALEXANDRIA	State VA	Zip Code 22307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE DEVELOPMENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. MICHAEL G EAVES		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006
Mailing Address 1103 TUCKERS LN		Transaction ID: SA11A1.418898
City HINGHAM	State MA	Zip Code 02043-3962
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer FISHERMAN'S MARINE PARK DEVELOPMENT CO	Occupation ARCHITECT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVID J ECKHART

Mailing Address **888 VAUGHN ROAD**

City **POTTSTOWN** State **PA** Zip Code **19465**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419340

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER F EGAN

Mailing Address **17 APRILLA FARM ROAD**

City **HOPKINTON** State **MA** Zip Code **01748**

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

Name of Employer Occupation
CARRUTH MANAGEMENT LLC
ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2100.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419632

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address **116 FLANDERS RD**
3000

City **WESTBOROUGH** State **MA** Zip Code **01581**

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

Name of Employer Occupation
RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2100.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419631

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	6200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DEBORAH J ELLIS		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 84 MEADOWBROOK RD		Transaction ID: SA11A1.419364
City WEST HARTFORD	State CT	Zip Code 06107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer JOURNAL INQUIRER	Occupation ASSISTANT EDITOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. ELIZABETH ELLIS		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 43 BUTTERNUT RD		Transaction ID: SA11A1.419359
City MANCHESTER	State CT	Zip Code 06040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. NEIL H ELLIS		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 43 BUTTERNUT RD		Transaction ID: SA11A1.419365
City MANCHESTER	State CT	Zip Code 06040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer FIRST HARTFORD REALTY COR-PORATION	Occupation CORPORATE EXECUTIVE	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOSEPH F FALLON		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address 124 WELLESLEY RD		Transaction ID: SA11A1.418945
City BELMONT	State MA	Zip Code 02478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer THE FALLON COMPANY	Occupation PRESIDENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. THOMAS M FEELEY		Date of Receipt MM / DD / YYYY 03 / 03 / 2006
Mailing Address 19 BUTTONWOOD DR		Transaction ID: SA11A1.414432
City ANDOVER	State MA	Zip Code 01810-5880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer FEELEY AND DRISCOLL PC	Occupation CPA	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. PAUL A FINN		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address 79 BRIARCLIFF RD		Transaction ID: SA11A1.418961
City BROCKTON	State MA	Zip Code 02301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer COMMONWEALTH MEDIATION	Occupation ARBITRATOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

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

Mailing Address 42 EIGHTH ST
1410

City State Zip Code
BOSTON MA 02129

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

Name of Employer Occupation
FIORE CONSTRUCTION CONSULTANT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419341

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 90 MEADOWBROOK RD

City State Zip Code
WESTON MA 02493

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

Name of Employer Occupation
PRESIDENT PEABODY CONSTRUCTION

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414426

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
JOHN FISH

Mailing Address 65 ALLERTON STREET

City State Zip Code
BOSTON MA 02119

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

Name of Employer Occupation
SUFFOLK CONSTRUCTION CONTRACTOR

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419228

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BERNARD L FITZGERALD, JR

Mailing Address 48 WOODARD RD

City BOSTON State MA Zip Code 02132-2125

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

Name of Employer Occupation
PROBATION

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418752

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
PATRICIA A FITZGERALD

Mailing Address 71 MOSSDALE RD

City BOSTON State MA Zip Code 02130

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

Name of Employer Occupation
NEW ENGLAND BAPTIST HOSPITAL NURSE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418750

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
NEIL F FITZPATRICK

Mailing Address 25 DOVER RD

City DOVER State MA Zip Code 02030

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

Name of Employer Occupation
BOSTON FREIGHT TERMINALS TRANSPORTATION MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418950

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVID S FLAD

Mailing Address 140 CHURCH ST

City State Zip Code
BOSTON MA 02132-1054

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

Name of Employer Occupation
MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419360

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. CHARLES F FLAHERTY, JR

Mailing Address 25 HOMER AVE
34

City State Zip Code
CAMBRIDGE MA 02138-4537

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

Name of Employer Occupation
SELF-EMPLOYED LOBBYIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.419003

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
PETER G FLYNN

Mailing Address 3 CROWNRIDGE RD

City State Zip Code
WESTBOROUGH MA 01581-3203

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

Name of Employer Occupation
NATIONAL GRID DEPUTY GENERAL COUNSEL

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414421

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 133 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) ROBERT FOX Mailing Address 344 A BOYLSTON ST City State Zip Code NEWTON MA 02459 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 Transaction ID: SA11A1.414435 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation SELF EMPLOYED REAL ESTATE Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

B. Full Name (Last, First, Middle Initial) JOHN GAHAN Mailing Address 7 OLDHAM RD City State Zip Code ARLINGTON MA 02474 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006 Transaction ID: SA11A1.419378 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation ATTORNEY MURTHA CULLINA LLP Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

C. Full Name (Last, First, Middle Initial) LLOYD B GAINSBORO Mailing Address 37 WEST RIDGE DR City State Zip Code SHARON MA 02067 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006 Transaction ID: SA11A1.418739 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation DEDHAM RAQUET TIME OWNER Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROBERTA GAINSBORO		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 37 WEST RIDGE DR		Transaction ID: SA11A1.418740	
City SHARON	State MA	Zip Code 02067	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation AT HOME		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. ROBERTA L GALLAGHER		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 3 MORGAN RD		Transaction ID: SA11A1.419198	
City MANSFIELD	State MA	Zip Code 02048-1009	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer KEITH PROPERTIES INC	Occupation DIRECTOR OF PROPERTY MANAGEMENT		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. RUSSELL A GAUDREAU, JR		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 30 CHESTNUT ST		Transaction ID: SA11A1.420646	
City BOSTON	State MA	Zip Code 02108-3602	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer ROPES & GRAY	Occupation ATTORNEY		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANNE L GERO		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 180 ASBURY STREET		Transaction ID: SA11A1.414427
City HAMILTON	State MA	Zip Code 01982
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer FIDELITY INVESTMENTS	Occupation ATTORNEY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. FRANCESCO GIOIOSO		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 3 DUTTON PARK DR		Transaction ID: SA11A1.419361
City WALPOLE	State MA	Zip Code 02081
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer P. GIOIOSO & SONS, INC.	Occupation ENGINEER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. THOMAS R GLEASON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 95 LAKE SHORE DR		Transaction ID: SA11A1.419200
City WESTWOOD	State MA	Zip Code 02090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation MORTGAGE BANKER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MICHELE M GOODY		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 9 THURSTON RD		Transaction ID: SA11A1.414405	
City MELROSE	State MA	Zip Code 02176-1306	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation HEALTH ADMIN		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. ROBERT A GRACILIERI		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 35 RIVERSIDE DR		Transaction ID: SA11A1.414422	
City READING	State MA	Zip Code 01867-3511	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation ENGINEER		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. WILLIAM F GRIFFIN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 123 WENDELL AVE		Transaction ID: SA11A1.419358	
City QUINCY	State MA	Zip Code 02170-3006	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CITY OF QUINCY	Occupation DPW		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 133
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NANCY S GRODBERG

Mailing Address 51 UPLAND RD

City State Zip Code
CAMBRIDGE MA 02140-2722

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

Name of Employer Occupation
ATTORNEY SULLIVAN & WORCESTER LLP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414423

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
ROBERT H HALE

Mailing Address 53 CONCORD SQ

City State Zip Code
BOSTON MA 02118-3101

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

Name of Employer Occupation
PALMER DODGE EDWARDS & AN- GELL ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419149

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
JACQUELINE HOLMES HALEY

Mailing Address 55 CASSANDRA RD

City State Zip Code
WEYMOUTH MA 02189-2647

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419193

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAUL R HALEY		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 55 CASSANDRA RD		Transaction ID: SA11A1.420665	
City WEYMOUTH	State MA	Zip Code 02189-2647	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation INVEST BANKER	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. WILLIAM J HALPIN, JR		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 51 THURSTON RD		Transaction ID: SA11A1.419144	
City MELROSE	State MA	Zip Code 02176-1306	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SOUTH BOSTON COMMUNITY HEALTH CENTER	Occupation CEO	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. THOMAS T HANTAKAS, SR		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 109 SALMAN ST		Transaction ID: SA11A1.418736	
City BOSTON	State MA	Zip Code 02132-5712	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation RETIRED	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS T HANTAKAS, SR

Mailing Address 109 SALMAN ST

City BOSTON State MA Zip Code 02132-5712

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

Name of Employer Occupation
RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418951

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
SHAWN HENDRICKS, SR

Mailing Address PO BOX 2316

City MASHPEE State MA Zip Code 02649

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

Name of Employer Occupation
MASHPEE INDIAN TRIBE VICE CHAIRMAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419652

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
DOUGLAS R HERBERICH

Mailing Address 394 VFW PKY

City BROOKLINE State MA Zip Code 02467

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

Name of Employer Occupation
TRANSIT REALTY ASSOCIATES LLC REAL ESTATE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418947

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KENT HITESHEW

Mailing Address 166 CHRISTOPHER ST

City State Zip Code
MONTCLAIR NJ 07042-4206

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419342

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
ROBERT V HOGAN

Mailing Address 58 PAYSON RD

City State Zip Code
BELMONT MA 02478

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

Name of Employer Occupation
SELF EMPLOYED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419337

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
JOHN J HOLIVER

Mailing Address 10 MARTHA'S WAY

City State Zip Code
MANSFIELD MA 02048-1041

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

Name of Employer Occupation
CARITAS GOOD SAMARITAN MEDICAL CENTER PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414408

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHN J HOLIVER		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address 10 MARTHA'S WAY		Transaction ID: SA11A1.418958
City MANSFIELD	State MA	Zip Code 02048-1041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CARITAS GOOD SAMARITAN MEDICAL CENTER	Occupation PRESIDENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Ms. SHELLEY IHOON		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 88 WHARF STREET 602		Transaction ID: SA11A1.419335
City MILTON	State MA	Zip Code 02186
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation URBAN PLANNER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. WILLIAM E HOWELL		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address 17 BANCROFT AVE		Transaction ID: SA11A1.419009
City WAKEFIELD	State MA	Zip Code 01880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer SELF EMPLOYED	Occupation ATTORNEY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DANIEL R IRVIN

Mailing Address **PO BOX 252**

City **PRIDES CROSSING** State **MA** Zip Code **01965**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419332

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
ALAN G ISSOKSON

Mailing Address **133 RICHARDSON DR**

City **NEEDHAM** State **MA** Zip Code **02492**

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

Name of Employer Occupation
H LEVENSON REALTY INC
ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.420657

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
ANN JAMESON CARTER

Mailing Address **15 SAGAMORE ROAD**

City **WELLESLEY HILLS** State **MA** Zip Code **02481**

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

Name of Employer Occupation
RASKY BAERLEIN GROUP
VICE PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419153

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 133
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CYNTHIA W JARTMAN

Mailing Address 17 CHESAPEAKE LANDING

City State Zip Code
ANNAPOLIS MD 21403-2617

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419374

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
JOY W JARTMAN

Mailing Address 1528 CATHEAD DRIVE

City State Zip Code
ARNOLD MD 21012

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

Name of Employer Occupation
HUMAN RESOURCES

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419370

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
MARC R JARTMAN

Mailing Address 17 CHESAPEAKE LANDING

City State Zip Code
ANNAPOLIS MD 21403-2617

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419373

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR DENNIS J KEARNEY		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 7 MADISON AVE WEST		Transaction ID: SA11A1.414433
City WINCHESTER	State MA	Amount of Each Receipt this Period 1000.00
Zip Code 01890-3002	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer KEARNEY DONOVAN & MCGEE	Occupation ATTORNEY	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. ADRIAN F KEATING, JR		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 84 MEADOWBROOK RD		Transaction ID: SA11A1.419362
City WEST HARTFORD	State CT	Amount of Each Receipt this Period 1000.00
Zip Code 06107	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SELF-EMPLOYED	Occupation PHOTOGRAPHER	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. GEORGE N KECHES		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 122 DEAN STREET		Transaction ID: SA11A1.419005
City TAUNTON	State MA	Amount of Each Receipt this Period 1000.00
Zip Code 02780	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer KECHES & MALLEN	Occupation ATTORNEY	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2399.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEORGE N KECHES

Mailing Address 122 DEAN STREET

City State Zip Code
TAUNTON MA 02780

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

Name of Employer Occupation
KECHES & MALLEY ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.419006

Amount of Each Receipt this Period
-299.00

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

B. Full Name (Last, First, Middle Initial)
GEORGE N KECHES

Mailing Address 122 DEAN STREET

City State Zip Code
TAUNTON MA 02780

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

Name of Employer Occupation
KECHES & MALLEY ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2399.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.419007

Amount of Each Receipt this Period
299.00

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

Redesignate to general election

C. Full Name (Last, First, Middle Initial)
WALTER KEENAN

Mailing Address 400 SAVIN HILL AVE
3

City State Zip Code
BOSTON MA 02125-3325

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

Name of Employer Occupation
RETIRED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.419010

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHN W KEITH		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 88 WHARF STREET 602		Transaction ID: SA11A1.419334
City MILTON	State MA	Amount of Each Receipt this Period 1000.00
Zip Code 02186	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SELF-EMPLOYED	Occupation DEVELOPER	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. DANIEL C KENARY		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 42 CHATHAM CIR		Transaction ID: SA11A1.418943
City WELLESLEY	State MA	Amount of Each Receipt this Period 500.00
Zip Code 02481	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer HARPOON BREWERY	Occupation PRESIDENT	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. ANNMARIE KENNEDY		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 107 FORBES HILL RD		Transaction ID: SA11A1.419156
City QUINCY	State MA	Amount of Each Receipt this Period 500.00
Zip Code 02170-3605	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) BRIAN J KENNEY		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 624 E 2ND ST 1		Transaction ID: SA11A1.418939
City SOUTH BOSTON	State MA	Zip Code 02127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) JULIE L KERNEY		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 25 JARED CT		Transaction ID: SA11A1.420655
City WATCHUNG	State NJ	Zip Code 07069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) JAMES P KIRBY		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address PO BOX 113		Transaction ID: SA11A1.414438
City WRENTHAM	State MA	Zip Code 02093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer COMMERCIAL CONSTRUCTION CONSULTING	Occupation CONSTRUCTION MANAGEMENT	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. JAMES KOCH		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 186 PARK ST		Transaction ID: SA11A1.420647	
City NEWTON	State MA	Zip Code 02458	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer BOSTON BEER COMPANY	Occupation BREWER		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. MARYLOU KRAUSE		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 2 DEEP WOODS DR RR 9		Transaction ID: SA11A1.418992	
City MATTAPOISETT	State MA	Zip Code 02739-1304	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer NOVER-ARMSTRONG ASSOCIATE-S, INC	Occupation ENVIRONMENTAL CONSULTING		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. MARY E LAUNIE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 13 HEATHER DR		Transaction ID: SA11A1.419338	
City MILTON	State MA	Zip Code 02186-5266	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer GALLERY & SHERMAN DMD	Occupation DENTAL HYGENIST		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. REINALD G LEDOUX, JR		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 167 SOUTH DR		Transaction ID: SA11A1.418959	
City BRIDGEWATER	State MA	Zip Code 02324-2361	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation CERTIFIED FINANCIAL PLANNER		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. NORMAN A LEVENSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 77 HALLWOOD RD		Transaction ID: SA11A1.419634	
City BROOKLINE	State MA	Zip Code 02467	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer THE COPLEY GROUP	Occupation REAL ESTATE DEVELOPER		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. LYNNE C LEWIS		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 73 PARKSIDE AVE		Transaction ID: SA11A1.418949	
City BRAINTREE	State MA	Zip Code 02184-3101	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SAFEWAY TRANSPORTATION	Occupation ACCOUNT EXECUTIVE		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOAN A LIBBY		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 10 HALIFAX ST		Transaction ID: SA11A1.419139
City BOSTON	State MA	Zip Code 02130-4307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CAVALIER COACH CORP	Occupation PRESIDENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. JEFFREY W LOCKWOOD		Date of Receipt MM / DD / YYYY 03 / 03 / 2006
Mailing Address 400 WINTER ST		Transaction ID: SA11A1.414404
City HOLLISTON	State MA	Zip Code 01746-1127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NOVARTIS INSTITUTES FOR BIOMEDICAL RES	Occupation DIRECT OF EXTERNAL & GOVT RELATIONS	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. DENNIS G LYONS		Date of Receipt MM / DD / YYYY 03 / 03 / 2006
Mailing Address 3 BRISTOL LN		Transaction ID: SA11A1.414391
City E WALPOLE	State MA	Zip Code 02032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation PHARMACIST	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. MAI LAM MACDOUGALL		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 30 ACKERS AVE 2		Transaction ID: SA11A1.414388
City BROOKLINE	State MA	Zip Code 02445-4160
Amount of Each Receipt this Period 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer GILLETTE COMPANY	Occupation TEAM LEADER-SPECIAL PROJECTS	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. MAI LAM MACDOUGALL		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 30 ACKERS AVE 2		Transaction ID: SA11A1.418737
City BROOKLINE	State MA	Zip Code 02445-4160
Amount of Each Receipt this Period 125.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer GILLETTE COMPANY	Occupation TEAM LEADER-SPECIAL PROJECTS	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) C. ANN MARIE MAGUIRE-KECHES		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 307 SMITH NECK RD		Transaction ID: SA11A1.419004
City DARTMOUTH	State MA	Zip Code 02748
Amount of Each Receipt this Period 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation ATTORNEY	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1125.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSEPH C MAHER, JR

Mailing Address 10 WHITTEMORE ST

City BOSTON State MA Zip Code 02132

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

Name of Employer EDWARDS & ANGELL PALMER AND DODGE Occupation LAWYER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA11A1.419148

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
RICHARD T MALLEN

Mailing Address 5 HIGH ST

City DARTMOUTH State MA Zip Code 02748-1444

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

Name of Employer KECHES & MALLEN PC Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA11A1.419642

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
JOHN P MANNING

Mailing Address 1 BOSTON PLACE 2100

City BOSTON State MA Zip Code 02210

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

Name of Employer BOSTON CAPITAL Occupation PRESIDENT & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA11A1.420651

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STEPHEN M MARAS		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 12 HUBBARD ST		Transaction ID: SA11A1.414386	
City BOSTON	State MA	Zip Code 02130-2233	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer MBTA	Occupation BUS DRIVER	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. VINCENT C MARINO		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 257 BELGRADE AVE 1		Transaction ID: SA11A1.418912	
City BOSTON	State MA	Zip Code 02131-2755	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer SELF	Occupation RESTAURANT OWNER	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. GLENN MARSHALL		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address PO BOX 2316		Transaction ID: SA11A1.419646	
City MASHPEE	State MA	Zip Code 02649	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer MASHPEE INDIAN TRIBE	Occupation CHAIRMAN	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRIAN MCCANN

Mailing Address **10 HIGHRIDGE RD**

City **BELLINGHAM** State **MA** Zip Code **02019**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418889

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
MICHAEL J MCDEVITT

Mailing Address **124 HAMILTON AVE**

City **QUINCY** State **MA** Zip Code **02171-2812**

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

Name of Employer Occupation
LAWSON & WEITZEN LLP
ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414407

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
MS MICHELLE MCGEE

Mailing Address **19 CONCORD ST.**

City **CHARLESTOWN** State **MA** Zip Code **02129**

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

Name of Employer Occupation
KEARNEY, DONOVAN AND MCGEE
ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414436

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEPHAN ANDREW MCGEE

Mailing Address **94 FLORIDA ST**

City **DORCHESTER** State **MA** Zip Code **02124**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.420658

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
WILLIAM T MCGRATH

Mailing Address **47 LAZELL ST**

City **HINGHAM** State **MA** Zip Code **02043-4403**

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

Name of Employer Occupation
ADVISOR LLC **CONSULTANT**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419344

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
JOHN MCQUILLAN

Mailing Address **254 COMMONWEALTH AVE**
4

City **BOSTON** State **MA** Zip Code **02116**

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

Name of Employer Occupation
TRIUMVIRATE ENVIRONMENT, INC. **CEO**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414420

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GREGORY M MCSWEENEY

Mailing Address 150 COUNTRY WAY

City State Zip Code
NEEDHAM MA 02492

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

Name of Employer Occupation
PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414400

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
THOMAS W MERRILL

Mailing Address 35 PROSPECT ST

City State Zip Code
SHERBORN MA 01770

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

Name of Employer Occupation
ATTORNEY PALMER DODGE EDWARDS & ANGELL

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419151

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
PETER S MILEWSKI

Mailing Address 6 WINDY HILL LN

City State Zip Code
DUXBURY MA 02332-3724

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

Name of Employer Occupation
MASSHOUSING DIRECTOR OF MORTGAGE INSURANCE FUND

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419143

Amount of Each Receipt this Period
200.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MR EDWARD J MILLS		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 37 WOODY ISLAND RD		Transaction ID: SA11A1.414385	
City State Zip Code HOPKINTON MA 01748		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer MILLS FINGERPRINT SERVICES		Occupation PRESIDENT	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. STACEY MONAHAN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 7 WESTMORELAND ST 2		Transaction ID: SA11A1.419405	
City State Zip Code BOSTON MA 02124-5123		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SAGE SYSTEMS		Occupation CONSULTANT	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. DESIRE L MORENO		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 185 MAIN ST		Transaction ID: SA11A1.419649	
City State Zip Code MASHPEE MA 02649-2051		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer MASHPEE INDIAN TRIBE		Occupation SECRETARY	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES T MORRIS

Mailing Address **21 MCCALL RD**

City **WINCHESTER** State **MA** Zip Code **01890-3120**

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

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt

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

Transaction ID: SA11A1.419021

Amount of Each Receipt this Period

300.00

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

B. Full Name (Last, First, Middle Initial)
JOHN E MURPHY, JR

Mailing Address **24 SCHOONER LN**

City **QUINCY** State **MA** Zip Code **02171-1550**

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

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt

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

Transaction ID: SA11A1.414412

Amount of Each Receipt this Period

500.00

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

C. Full Name (Last, First, Middle Initial)
KATHRYN COCHRANE MURPHY

Mailing Address **143 LAUREL RD**

City **BROOKLINE** State **MA** Zip Code **02467**

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

Name of Employer Occupation **LAWYER**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA11A1.419150

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VINCENT A MURRAY

Mailing Address 2 CENTER PLAZA

City State Zip Code
BOSTON MA 02108

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.419017

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
CHARLES M NAGLE

Mailing Address 25 CENTRE ST

City State Zip Code
DOVER MA 02030

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

Name of Employer Occupation
JOHN NAGLE CO PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418935

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
ROBERT NAGLE

Mailing Address 23 AGAWAM RD

City State Zip Code
NEWTON MA 02468

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

Name of Employer Occupation
SALES

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418936

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DOUGLAS B NOBLE

Mailing Address 15 MARLA CIR

City State Zip Code
NEWTON MA 02459

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

Name of Employer Occupation
COMMONWELATH COMMUNITIES CHAIRMAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414415

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
ROBERT C NOLAN

Mailing Address 11 FAIRFAX RD

City State Zip Code
MILTON MA 02186-1621

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

Name of Employer Occupation
ADMINISTRATOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414396

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
HENRY T NOVER

Mailing Address 4 THOMAS BLANCHARD DR

City State Zip Code
PLYMPTON MA 02367

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

Name of Employer Occupation
CIVIL ENGINEER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418977

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHN A NUCCI		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 99 ORIENT AVE 2		Transaction ID: SA11A1.420650
City BOSTON	State MA	Zip Code 02128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SUFFOLK UNIVERSITY	Occupation VP - GOVERNMENT & COMMUNITY AFFAIRS	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. FRANCIS W O'BRIEN		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2006
Mailing Address 26 CHARLESBANK RD		Transaction ID: SA11A1.418733
City DEDHAM	State MA	Zip Code 02026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NORFOLK COUNTY	Occupation NORFOLK COUNTY COMMISSIONER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. JAMES M OBRIEN		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2006
Mailing Address 129 LINCOLN RD		Transaction ID: SA11A1.414387
City MEDFORD	State MA	Zip Code 02155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MBTA	Occupation BUS OPERATOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSEPH P O'BRIEN, JR

Mailing Address 133 WILLIAMS AVE

City POCASSET State MA Zip Code 02559

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

Name of Employer CARITAS CARNEY HOSPITAL Occupation ADMINISTRATOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414401

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 85 E. INDIA ROW

City BOSTON State MA Zip Code 02110

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

Name of Employer BOWNE Occupation SALES

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419333

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
MS TARA J O'DONNELL

Mailing Address 1 BEACON ST
1320

City BOSTON State MA Zip Code 02108

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

Name of Employer DONOGHUE BARRETT & SINGAL Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11A1.414395

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAROL A OFLAHERTY

Mailing Address 106 HOLLINGSWORTH AVE

City BRAINTREE State MA Zip Code 02184

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

Name of Employer NOT EMPLOYED Occupation NURSE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA11A1.419384

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
TIMOTHY M OFLAHERTY

Mailing Address 106 HOLLINGSWORTH AVE

City BRAINTREE State MA Zip Code 02184

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

Name of Employer CLEANING SERVICES Occupation MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA11A1.419382

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
WILLIAM E ONEIL

Mailing Address 36 BANKS AVE

City WEST SPRINGFIELD State MA Zip Code 01089-2973

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

Name of Employer Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA11A1.419635

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRIAN T O'NEILL		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address ONE CENTER PLACE 330		Transaction ID: SA11A1.420649
City BOSTON	State MA	Amount of Each Receipt this Period 500.00
Zip Code 02108	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. BERNARD OSHAUGHNESSY		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 56 WALNUT ST		Transaction ID: SA11A1.419418
City READING	State MA	Amount of Each Receipt this Period 2000.00
Zip Code 01867	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation RETIRED	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. COLLEEN OSHAUGHNESSY		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 56 WALNUT ST		Transaction ID: SA11A1.419419
City READING	State MA	Amount of Each Receipt this Period 2000.00
Zip Code 01867	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation RETIRED	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROBERT S OSHAUGHNESSY		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 20 IRVING ST		Transaction ID: SA11A1.419348
City READING	State MA	Zip Code 01867-1344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. JOHN K OTOOLE		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 114 MINOT ST		Transaction ID: SA11A1.418938
City BOSTON	State MA	Zip Code 02122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation REAL ESTATE Election Cycle-to-Date ▼ 470.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. JOHN J PAYNE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 650 HUNTINGTON AVE 14G		Transaction ID: SA11A1.420659
City BOSTON	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation POSTAL WORKER Election Cycle-to-Date ▼ 449.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRANCIS PERULLO

Mailing Address 10 BOWDOIN ST
202

City BOSTON State MA Zip Code 02114

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

Name of Employer SAGE SYSTEMS Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: SA11A1.418723

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
JOANNE PESIRIDIS

Mailing Address 2 MICHAEL DR

City BURLINGTON State MA Zip Code 01803

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

Name of Employer Occupation HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419336

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
DARREN PLATT

Mailing Address 81 DEBORAH RD

City NEWTON State MA Zip Code 02459

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

Name of Employer Occupation STUDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419367

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. ROBERT MARK PLATT		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 146 SACONESSET RD		Transaction ID: SA11A1.419366	
City State Zip Code FALMOUTH MA 02540		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NATIONAL CONSULTING LLC		Occupation GOVERNMENT RELATIONS	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. KENNETH K QUIGLEY, JR		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 956 BRUSH HILL RD		Transaction ID: SA11A1.419224	
City State Zip Code MILTON MA 02186-5434		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CURRY COLLEGE		Occupation PRESIDENT	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. ROBERT H QUINN		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 1452 CANTON AVE		Transaction ID: SA11A1.419011	
City State Zip Code MILTON MA 02186-2418		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer QUINN & MORRIS		Occupation LAWYER	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAROLYN E RASKY		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 20 BRIDLE PATH		Transaction ID: SA11A1.419350
City WESTWOOD	State MA	Zip Code 02090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation HOMEMAKER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. LAWRENCE B RASKY		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 20 BRIDLE PATH		Transaction ID: SA11A1.419349
City WESTWOOD	State MA	Zip Code 02090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RASKY/BAERLEIN	Occupation OWNER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. HENRI S RAUSCHENBACH		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address P O BOX 1064		Transaction ID: SA11A1.419154
City BREWSTER	State MA	Zip Code 02631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RAUSCHENBACH ASSOCIATES	Occupation PRINCIPAL	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KEVIN P REID		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 571 MAPLE ST		Transaction ID: SA11A1.419385
City MANSFIELD	State MA	Zip Code 02048-1625
Amount of Each Receipt this Period 1000.00		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer BOSTON COOLING & HEATING	Occupation SUPERVISOR	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. JOHN J REMONDI		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 300 BOYLSTON ST 507		Transaction ID: SA11A1.414428
City BOSTON	State MA	Zip Code 02116
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer FIDELITY INVESTMENTS	Occupation MANAGER	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. WILLIAM E RIORDAN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 12 APPALOOSA CIR		Transaction ID: SA11A1.419386
City HOPKINTON	State MA	Zip Code 01748
Amount of Each Receipt this Period 1000.00		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>
Name of Employer SUPREME FUEL CO	Occupation SALES	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RICHARD P ROBINSON		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 77 SUDBURY RD		Transaction ID: SA11A1.419195	
City CONCORD	State MA	Zip Code 01742	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation COM RE BROKER Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. DONALD RODMAN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address ROUTE ONE		Transaction ID: SA11A1.419636	
City FOXBORO	State MA	Zip Code 02035	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RODMAN FORD Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation OWNER Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. GARY H RUPING		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 505 MIDDLESEX TURNPIKE		Transaction ID: SA11A1.419199	
City BILLERICA	State MA	Zip Code 01821	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RUPING BUILDERS INC Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation BUILDER Election Cycle-to-Date ▼ 1500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEO F RUSK

Mailing Address **112 MANTHORNE RD**

City **BOSTON** State **MA** Zip Code **02132**

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

Name of Employer **SELF-EMPLOYED** Occupation **SEAFOOD INDUSTRY CONSULTANT**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt

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

Transaction ID: SA11A1.418887

Amount of Each Receipt this Period

500.00

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

B. Full Name (Last, First, Middle Initial)
SEAN T RYAN

Mailing Address **524 EAST 6TH STREET**

City **SOUTH BOSTON** State **MA** Zip Code **02127**

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

Name of Employer **DONOGHUE, BARRETT & SINGAL** Occupation **ATTORNEY**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **750.00**

Date of Receipt

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

Transaction ID: SA11A1.414406

Amount of Each Receipt this Period

500.00

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

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

Mailing Address **SACRO PLAZA**

City **EVERETT** State **MA** Zip Code **02149**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA11A1.419339

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THOMAS C SALAH		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 33 STANDISH DR		Transaction ID: SA11A1.419135
City CANTON	State MA	Zip Code 02021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation CONSTRUCTION	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. FRANCIS J SALLY		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address 35 WOODLEIGH RD		Transaction ID: SA11A1.418925
City DEDHAM	State MA	Zip Code 02026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SALLEY & FITZ	Occupation ATTORNEY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. MEGAN B SANSONS		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 672 WEST ROXBURY PKY		Transaction ID: SA11A1.419155
City BOSTON	State MA	Zip Code 02131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer UBS FINANCIAL SERVICES	Occupation INVESTMENT BANKER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT T SFERRAZZA

Mailing Address 36 PICKPOCKET ROAD

City State Zip Code
EXETER NH 03833

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

Name of Employer MBTA Occupation MACHINIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419219

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
JAMES R SHEA JR

Mailing Address 192 RESERVOIR RD

City State Zip Code
BROOKLINE MA 02467

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

Name of Employer SELF-EMPLOYED Occupation LAWYER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419147

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
JACK M SHIELDS

Mailing Address 700 CONGRESS ST

City State Zip Code
QUINCY MA 02169

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

Name of Employer SHIELDS HEALTHCARE Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418969

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) PAUL G SHUMAN		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 172 MARINE RD 1		Transaction ID: SA11A1.419140	
City BOSTON	State MA	Zip Code 02127-3439	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CITY OF BOSTON	Occupation TEACHER	Election Cycle-to-Date 300.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) MACKENZIE SMITH		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 154 ELM ST		Transaction ID: SA11A1.418956	
City N EASTON	State MA	Zip Code 02356	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SMITH, BUCKLEY & HUNT	Occupation INSURANCE AGENT	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) HOWARD L SPILLER		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 1101 WEST ELM ST EXT		Transaction ID: SA11A1.418974	
City BROCKTON	State MA	Zip Code 02301	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SHARKANSKY & COMPANY LLP	Occupation CPA	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HENRY C SUOMINEN, JR		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 48 SUNSET RD		Transaction ID: SA11A1.414439	
City WESTON	State MA	Zip Code 02493	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer GFI PARTNERS	Occupation DEVELOPER	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. BRUCE SWERLING		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 15 PINE ST		Transaction ID: SA11A1.419387	
City WESTON	State MA	Zip Code 02493	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer PUBLIC INSURANCE ADJUSTOR	Occupation SWERLING, MILTON, WINNICH	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) C. CYNTHIA P TENNANT		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006	
Mailing Address 130 ATLANTIC AVE		Transaction ID: SA11A1.419343	
City SWAMPSCOTT	State MA	Zip Code 01907-2428	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation AT HOME	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN E WALSH

Mailing Address 99 CROSSLEY ST

City ABINGTON State MA Zip Code 02351

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

Name of Employer DEVAL PATRICK COMMITTEE Occupation CAMPAIGN MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418975

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
PATRICK WALSH

Mailing Address 102 WILLIAMS ST
3

City BOSTON State MA Zip Code 02130-3661

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418886

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
KIMBERLY A WELSH

Mailing Address 32 COOLIDGE RD

City WINCHESTER State MA Zip Code 01890-2251

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

Name of Employer INVESTMENT BANKER Occupation NBS BANK

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419331

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ARTHUR M WINN		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 100 CABOT ST		Transaction ID: SA11A1.419377
City BROOKLINE	State MA	Zip Code 02467-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WINN DEVELOPMENT	Occupation R E DEVELOPER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. GILBERT J WINN		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 107 SOUTH ST 4C		Transaction ID: SA11A1.419376
City BOSTON	State MA	Zip Code 02111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WINN COMPANIES	Occupation REAL ESTATE DEVELOPER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. JENNIFER MARA WINN		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address 2 LOUISBURG SQ		Transaction ID: SA11A1.419372
City BOSTON	State MA	Zip Code 02108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation AT HOME	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REBECCA C WINN

Mailing Address 150 MURRAY ST

City State Zip Code
NEW YORK NY 10007

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

Name of Employer Occupation
REBECCA ANDREW DESIGNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11A1.419371

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
CAMILLE S ZAHKA

Mailing Address 216 GREENLODGE ST

City State Zip Code
DEDHAM MA 02026

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

Name of Employer Occupation
BANKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418910

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
JOSEPH J ZANTI

Mailing Address 213 HAVERHILL ST

City State Zip Code
NORTH READING MA 01864-1815

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

Name of Employer Occupation
COMMERCIAL LOBSTER CO. INC. LOBSTER DEALER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
525.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11A1.418952

Amount of Each Receipt this Period
125.00

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

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	123925.00

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

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

FOR LINE NUMBER: PAGE 74 / 133
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMALGAMATED TRANSIT UNION

Mailing Address 5025 WISCONSIN AVENUE, N.W.

City State Zip Code
WASHINGTON DC 20016-4139

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA11C.419401

Amount of Each Receipt this Period
3500.00

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

B. Full Name (Last, First, Middle Initial)
AMALGAMATED TRANSIT UNION

Mailing Address 5025 WISCONSIN AVENUE, N.W.

City State Zip Code
WASHINGTON DC 20016-4139

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA11C.419402

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE NW
851

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2006

Transaction ID: SA11C.419392

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 133
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICA'S COMMUNITY BANKERS PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 900 NINETEENTH STREET NW #400		Transaction ID: SA11C.419407
City WASHINGTON State DC Zip Code 20006	FEC ID number of contributing federal political committee. C C00001875	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. ASSOCIATION OF TRIAL LAWYERS PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 1050 - 31ST STREET, NW		Transaction ID: SA11C.419411
City WASHINGTON State DC Zip Code 20007	FEC ID number of contributing federal political committee. C C00024521	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2006
Mailing Address 100 N TRYON ST		Transaction ID: SA11C.414390
City CHARLOTTE State NC Zip Code 28255	FEC ID number of contributing federal political committee. C C00043489	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 133
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) BUILD POLITICAL ACTION COMMITTEE Mailing Address 1201 15TH STREET N.W. City WASHINGTON State DC Zip Code 20005-2800 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11C.419393 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	6														
1000.00																							
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>5000.00</td> </tr> </table>		5000.00																					
5000.00																							

B. Full Name (Last, First, Middle Initial) BUILD POLITICAL ACTION COMMITTEE Mailing Address 1201 15TH STREET N.W. City WASHINGTON State DC Zip Code 20005-2800 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11C.419394 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	6														
1000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>6000.00</td> </tr> </table>		6000.00																					
6000.00																							

C. Full Name (Last, First, Middle Initial) CH2M HILL COMPANIES LTC PAC Mailing Address 9191 S JAMAICA ST City ENGLEWOOD State CO Zip Code 80012 FEC ID number of contributing federal political committee. C C00143305		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11C.419395 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	6														
1000.00																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CITIZENS FINANCIAL GROUP INC PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address ONE CITIZENS PLAZA		Transaction ID: SA11C.419391
City PROVIDENCE State RI Zip Code 02903	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. COMCAST CORP.		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 1500 MARKET STREET, 35TH FLOOR		Transaction ID: SA11C.419658
City PHILADELPHIA State PA Zip Code 19102	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00248716		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT JOSEPH A CONNOLLY		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 31 MERILYN ROAD		Transaction ID: SA11C.418743
City SOUTH WEYMOUTH State MA Zip Code 02190	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 133
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT ROBERT S. CREETON JR STATE SENATE

Mailing Address **1 CENTRE ST**

City **BROCKTON** State **MA** Zip Code **02301**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **100.00**

Date of Receipt

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

Transaction ID: SA11C.418984

Amount of Each Receipt this Period

100.00

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

B. Full Name (Last, First, Middle Initial)
COMMITTEE TO REELECT DONNA DALEY

Mailing Address **43 MERRITT AVE**

City **BROCKTON** State **MA** Zip Code **02302-1024**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **100.00**

Date of Receipt

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

Transaction ID: SA11C.418968

Amount of Each Receipt this Period

100.00

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

C. Full Name (Last, First, Middle Initial)
COUGHLIN COMMITTEE

Mailing Address **369 WASHINGTON ST**

City **DEDHAM** State **MA** Zip Code **02026-3609**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **200.00**

Date of Receipt

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

Transaction ID: SA11C.418731

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 133
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

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

Mailing Address 601 PENNSYLVANIA AVENUE NW
600

City State Zip Code
WASHINGTON DC 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.419389

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
CWA COPE PCC

Mailing Address 501 3RD ST NW

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.419404

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address 3900 WISCONSIN AVENUE NW

City State Zip Code
WASHINGTON DC 20016

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.419397

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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

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

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

FOR LINE NUMBER: PAGE 80 / 133
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

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

Mailing Address 82 DEVONSHIRE STREET

City State Zip Code
BOSTON MA 02109

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.419399

Amount of Each Receipt this Period
4000.00

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

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

Mailing Address 82 DEVONSHIRE STREET

City State Zip Code
BOSTON MA 02109

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.419400

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
FRIENDS OF MIKE RUSH

Mailing Address 280 STRATFORT ST

City State Zip Code
WEST ROXBURY MA 02132

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11C.418881

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **5100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 133
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HOME DEPOT

Mailing Address 101 CONSTITUTION AVE NW
800W

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA11C.419410

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 1001 PENNSYLVANIA AVENUE, NW
700

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA11C.419406

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOC OF FIRE FIGHTERS

Mailing Address 1750 NEW YORK AVENUE NW

City State Zip Code
WASHINGTON DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA11C.419388

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

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

Mailing Address **PO BOX 111**

City **BOSTON** State **MA** Zip Code **02117**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3500.00**

Date of Receipt

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

Transaction ID: SA11C.414431

Amount of Each Receipt this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
JOHN R. BUCKLEY JR COMMITTEE

Mailing Address **308 ROCKLAND ST**

City **BROCKTON** State **MA** Zip Code **02301**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **200.00**

Date of Receipt

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

Transaction ID: SA11C.418960

Amount of Each Receipt this Period

100.00

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

C. Full Name (Last, First, Middle Initial)
LIBERTY MUTUAL INSURANCE COMPANY, PAC

Mailing Address **175 BERKLEY STREET**

City **BOSTON** State **MA** Zip Code **02116**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **7500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: SA11C.419403

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)	6100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 133
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. MASS BANKERS PAC FEDERAL FUND

Full Name (Last, First, Middle Initial)
Mailing Address **73 TREMONT ST 3RD FL**

City **BOSTON** State **MA** Zip Code **02108**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.419398

Amount of Each Receipt this Period
500.00

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

B. MELLON FINANCIAL CORPORATION

Full Name (Last, First, Middle Initial)
Mailing Address **ONE MELLON BANK CENTER**

City **PITTSBURGH** State **PA** Zip Code **15258-0001**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: SA11C.414434

Amount of Each Receipt this Period
1000.00

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

C. NAPUS PAC FOR POSTMASTERS

Full Name (Last, First, Middle Initial)
Mailing Address **8 HERBERT STREET**

City **ALEXANDRIA** State **VA** Zip Code **22305-2600**

FEC ID number of contributing federal political committee. **C C00100404**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.420661

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 430 N MICHIGAN AVE		Transaction ID: SA11C.419390
City CHICAGO	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C C00030718		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL BEER WHOLESALERS ASSOCIATION		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 1100 SOUTH WASHINGTON STREET 600		Transaction ID: SA11C.420654
City ALEXANDRIA	State VA	Zip Code 22314-4494
FEC ID number of contributing federal political committee. C C00144766		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL GRID USA PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2006
Mailing Address 25 RESEARCH DRIVE		Transaction ID: SA11C.414430
City WESTBOROUGH	State MA	Zip Code 01582
FEC ID number of contributing federal political committee. C C00048702		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 133
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NRLCA POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 1630 DUKE STREET, 4TH FLOOR		Transaction ID: SA11C.419412
City ALEXANDRIA State VA Zip Code 22314-3465	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00072025	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NSTAR ADVOCATES OF A BETTER CONGRESS		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 800 BOYLSTON STREET		Transaction ID: SA11C.419637
City BOSTON State MA Zip Code 02199	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00119321	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. PARSONS BRINCKERHOFF, INC. PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address ONE PENN PLAZA		Transaction ID: SA11C.414437
City NEW YORK State NY Zip Code 10119	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 133
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) PUTNAM INVESTMENTS INC PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address ONE POST OFFICE SQUARE		Transaction ID: SA11C.414442
City State Zip Code BOSTON MA 02109	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) RAYTHEON COMPANY PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 870 WINTER STREET		Transaction ID: SA11C.419396
City State Zip Code WALTHAM MA 02451	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00097568		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) RAYTHEON COMPANY PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 870 WINTER STREET		Transaction ID: SA11C.419629
City State Zip Code WALTHAM MA 02451	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00097568		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SHAW GROUP INC/STONE & WEBSTER INC PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 1725 DUKE ST 400		Transaction ID: SA11C.419408
City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00104885		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. TERCENTENARY FUND		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 1650 ARCH ST 22ND FL		Transaction ID: SA11C.420648
City State Zip Code PHILADELPHIA PA 19103-2097	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. THE ROUSE COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 26 ARBORVIEW RD		Transaction ID: SA11C.419019
City State Zip Code JAMAICA PLAIN MA 02130	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE YUNITS COMMITTEE

Mailing Address PO BOX 3066

City State Zip Code
BROCKTON MA 02304

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11C.418964

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
UNITED AUTO WORKERS VCAP

Mailing Address 8000 EAST JEFFERSON AVENUE

City State Zip Code
DETROIT MI 48214-3963

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.419409

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	55300.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 / 133
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LORI A MILLER

Mailing Address 105 FARRAGUT RD
2

City State Zip Code
BOSTON MA 02127

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

Name of Employer Occupation
HOUSEWIFE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

40.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA14.419628

Amount of Each Receipt this Period
40.00

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

Refund of overpayment

B. Full Name (Last, First, Middle Initial)
PLYMOUTH ROCK ASSURANCE CORPORATION

Mailing Address 695 ATLANTIC AVENUE

City State Zip Code
BOSTON MA 02111

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

172.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA14.419414

Amount of Each Receipt this Period
172.00

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

SUBTOTAL of Receipts This Page (optional)	▶	212.00
TOTAL This Period (last page this line number only)	▶	212.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 133
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CITIZENS BANK		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 5 / 2 0 0 6
Mailing Address PO BOX 789		Transaction ID: SA15.419778
City PROVIDENCE	State RI	Zip Code 02901
Amount of Each Receipt this Period 1204.52		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		Interest income
Name of Employer	Occupation INTEREST INCOME	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9723.77	

Full Name (Last, First, Middle Initial) B. CITIZENS BANK		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address PO BOX 789		Transaction ID: SA15.419779
City PROVIDENCE	State RI	Zip Code 02901
Amount of Each Receipt this Period 994.24		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		Interest income
Name of Employer	Occupation INTEREST INCOME	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10718.01	

Full Name (Last, First, Middle Initial) C. CITIZENS BANK		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address PO BOX 789		Transaction ID: SA15.419780
City PROVIDENCE	State RI	Zip Code 02901
Amount of Each Receipt this Period 782.96		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		Interest income
Name of Employer	Occupation INTEREST INCOME	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11500.97	

SUBTOTAL of Receipts This Page (optional) ▶	2981.72
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 133
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MT WASHINGTON BANK		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address 430 W BROADWAY		Transaction ID: SA15.419775	
City State Zip Code SOUTH BOSTON MA 02127		Amount of Each Receipt this Period 236.66	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2915.70 Interest income	

Full Name (Last, First, Middle Initial) B. MT WASHINGTON BANK		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 430 W BROADWAY		Transaction ID: SA15.419776	
City State Zip Code SOUTH BOSTON MA 02127		Amount of Each Receipt this Period 208.17	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3123.87 Interest income	

Full Name (Last, First, Middle Initial) C. MT WASHINGTON BANK		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address 430 W BROADWAY		Transaction ID: SA15.419777	
City State Zip Code SOUTH BOSTON MA 02127		Amount of Each Receipt this Period 201.15	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3325.02 Interest income	

SUBTOTAL of Receipts This Page (optional) ▶	645.98
TOTAL This Period (last page this line number only) ▶	3627.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMB Fund III Boston, LLC		Transaction ID: SB.61265 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address c/o Cushman & Wakefield - MA PO Bo		Amount of Each Disbursement this Period 19.90
City Hicksville State NY Zip Code 11802-6110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utility expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AMB Fund III Boston, LLC		Transaction ID: SB.61276 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address c/o Cushman & Wakefield - MA PO Bo		Amount of Each Disbursement this Period 1108.24
City Hicksville State NY Zip Code 11802-6110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AMB Fund III Boston, LLC		Transaction ID: SB.61277 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address c/o Cushman & Wakefield - MA PO Bo		Amount of Each Disbursement this Period 1108.24
City Hicksville State NY Zip Code 11802-6110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2236.38
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMB Fund III Boston, LLC		Transaction ID: SB.61279 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address c/o Cushman & Wakefield - MA PO Bo		Amount of Each Disbursement this Period 25.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hicksville State NY Zip Code 11802-6110	Purpose of Disbursement Utility expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AMB Fund III Boston, LLC		Transaction ID: SB.61280 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address c/o Cushman & Wakefield - MA PO Bo		Amount of Each Disbursement this Period 42.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hicksville State NY Zip Code 11802-6110	Purpose of Disbursement Utility expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AMB Fund III Boston, LLC		Transaction ID: SB.61284 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address c/o Cushman & Wakefield - MA PO Bo		Amount of Each Disbursement this Period 51.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hicksville State NY Zip Code 11802-6110	Purpose of Disbursement Utility expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	119.78
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMB Fund III Boston, LLC		Transaction ID: SB.61293 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address c/o Cushman & Wakefield - MA PO Bo		Amount of Each Disbursement this Period 4.87	
City Hicksville State NY Zip Code 11802-6110	Purpose of Disbursement Utility expense		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AMB Fund III Boston, LLC		Transaction ID: SB.61323 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6	
Mailing Address c/o Cushman & Wakefield - MA PO Bo		Amount of Each Disbursement this Period 1108.24	
City Hicksville State NY Zip Code 11802-6110	Purpose of Disbursement Rent expense		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. AMB Fund III Boston, LLC		Transaction ID: SB.61339 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6	
Mailing Address c/o Cushman & Wakefield - MA PO Bo		Amount of Each Disbursement this Period 108.18	
City Hicksville State NY Zip Code 11802-6110	Purpose of Disbursement Utilities expense		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1221.29
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 95 / 133

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB17.61355 Date of Disbursement
Mailing Address P.O. Box 1270		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Newark	State NJ	Zip Code 07101
Purpose of Disbursement See detail		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2289.28"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB17.61357 Date of Disbursement
Mailing Address PO Box 1270		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Newark	State NJ	Zip Code 07101-1270
Purpose of Disbursement See detail		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="91.67"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB17.61359 Date of Disbursement
Mailing Address PO Box 1270		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Newark	State NJ	Zip Code 07101-1270
Purpose of Disbursement See detail		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2674.07"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5055.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bezema Buick		Transaction ID: SB17.61355.0	
Mailing Address 401 Providence Highway		Date of Disbursement 01 / 11 / 2006	
City Norwood	State MA	Zip Code 02446	Amount of Each Disbursement this Period 599.23
Purpose of Disbursement Auto repair	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Dell Computer		Transaction ID: SB17.61355.1	
Mailing Address One Dell Way		Date of Disbursement 01 / 02 / 2006	
City Round Rock	State TX	Zip Code 78682	Amount of Each Disbursement this Period 1237.80
Purpose of Disbursement Computer purchase	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. Boston Globe		Transaction ID: SB17.61355.2	
Mailing Address PO Box 55819		Date of Disbursement 01 / 31 / 2006	
City Boston	State MA	Zip Code 02205	Amount of Each Disbursement this Period 93.08
Purpose of Disbursement Subscription expense	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Comcast		Transaction ID: SB17.61355.3 Date of Disbursement 01 / 31 / 2006
Mailing Address PO Box 196		Amount of Each Disbursement this Period 91.90
City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet access Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Comcast Cable		Transaction ID: SB17.61357.0 Date of Disbursement 01 / 31 / 2006
Mailing Address PO Box 196		Amount of Each Disbursement this Period 45.95
City Newark State NJ Zip Code 07101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet access expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Seaport Hotel World Trade Center		Transaction ID: SB17.61359.0 Date of Disbursement 03 / 13 / 2006
Mailing Address 164 Northern Avenue		Amount of Each Disbursement this Period 479.40
City Boston State MA Zip Code 02210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Postmaster Boston		Transaction ID: SB17.61359.1 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address Fort Point Station		Amount of Each Disbursement this Period 1964.40
City Boston State MA Zip Code 02205-9761	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Boston Globe		Transaction ID: SB17.61359.2 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO Box 55819		Amount of Each Disbursement this Period 45.72
City Boston State MA Zip Code 02205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Subscription expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AT & T		Transaction ID: SB.61304 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 277019		Amount of Each Disbursement this Period 199.90
City Atlanta State GA Zip Code 30384-7019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet service expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	199.90
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. AT & T Full Name (Last, First, Middle Initial) Mailing Address PO Box 277019 City Atlanta State GA Zip Code 30384-7019 Purpose of Disbursement Internet service expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB.61341 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 99.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. C & G Service Full Name (Last, First, Middle Initial) Mailing Address 77 L Street City South Boston State MA Zip Code 02127 Purpose of Disbursement Auto service expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB.61247 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 117.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. C & G Service Full Name (Last, First, Middle Initial) Mailing Address 77 L Street City South Boston State MA Zip Code 02127 Purpose of Disbursement Auto service expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB.61266 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 112.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	329.94
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. C & G Service		Transaction ID: SB.61295 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 77 L Street		Amount of Each Disbursement this Period 104.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Boston State MA Zip Code 02127		
Purpose of Disbursement Auto service expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. C & G Service		Transaction ID: SB.61340 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 77 L Street		Amount of Each Disbursement this Period 178.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Boston State MA Zip Code 02127		
Purpose of Disbursement Auto service expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Carney & Bassil		Transaction ID: SB.61336 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 20 Park Plaza, Suite 1405		Amount of Each Disbursement this Period 425.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boston State MA Zip Code 02116		
Purpose of Disbursement Legal expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	707.87
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB.61261 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 17587		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1587	Purpose of Disbursement Telephone Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB.61311 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 17587		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1587	Purpose of Disbursement Telephone Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB.61334 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address PO Box 17587		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1587	Purpose of Disbursement Telephone Expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Communication Graf/x Inc.		Transaction ID: SB.61288 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 416 West Broadway		Amount of Each Disbursement this Period 157.50	
City Boston State MA Zip Code 02127	Purpose of Disbursement Printing expense Candidate Name Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Full Name (Last, First, Middle Initial) B. Darlene F. Sheehan Memorial Fund		
Mailing Address c/o Mt. Washington Bank 455 West B		Transaction ID: SB.61268 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
City South Boston State MA Zip Code 02126	Purpose of Disbursement Charitable contribution Candidate Name Category/ Type	Amount of Each Disbursement this Period 250.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
State: District:	Full Name (Last, First, Middle Initial) C. David L. Andrukitis, Inc.		
Mailing Address 50 E Street SE		Transaction ID: SB.61321 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6	
City Washington State DC Zip Code 20003	Purpose of Disbursement Printing expense Candidate Name Category/ Type	Amount of Each Disbursement this Period 407.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
State: District:	Full Name (Last, First, Middle Initial) (Empty)		

SUBTOTAL of Disbursements This Page (optional) ▶	814.50
TOTAL This Period (last page this line number only) ▶	(Empty)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Domenic & Company, Inc.		Transaction ID: SB.61327 Date of Disbursement 03 / 02 / 2006
Mailing Address 9 Quarry St		Amount of Each Disbursement this Period 262.50
City Quincy State MA Zip Code 02169	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Fasano's Catering		Transaction ID: SB.61286 Date of Disbursement 02 / 03 / 2006
Mailing Address 519 Pond St		Amount of Each Disbursement this Period 245.00
City Braintree State MA Zip Code 02184-6822	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. GMAC		Transaction ID: SB.61271 Date of Disbursement 01 / 15 / 2006
Mailing Address PO Box 51014		Amount of Each Disbursement this Period 633.88
City Carol Stream State IL Zip Code 60125-1014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Auto lease payment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1141.38
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GMAC		Transaction ID: SB.61298 Date of Disbursement 02 / 15 / 2006
Mailing Address PO Box 51014		Amount of Each Disbursement this Period 633.88
City Carol Stream State IL Zip Code 60125-1014	Purpose of Disbursement Auto lease payment Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. GMAC		Transaction ID: SB.61345 Date of Disbursement 03 / 15 / 2006
Mailing Address PO Box 51014		Amount of Each Disbursement this Period 638.88
City Carol Stream State IL Zip Code 60125-1014	Purpose of Disbursement Auto lease payment Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Groundex		Transaction ID: SB.61250 Date of Disbursement 01 / 02 / 2006
Mailing Address PO Box 130349		Amount of Each Disbursement this Period 57.54
City Boston State MA Zip Code 02113	Purpose of Disbursement Courier service expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1330.30
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)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Groundex		Transaction ID: SB.61278 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address PO Box 130349		Amount of Each Disbursement this Period 71.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boston State MA Zip Code 02113		
Purpose of Disbursement Courier service expense	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Groundex		Transaction ID: SB.61310 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 130349		Amount of Each Disbursement this Period 31.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boston State MA Zip Code 02113		
Purpose of Disbursement Courier service expense	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Groundex		Transaction ID: SB.61337 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address PO Box 130349		Amount of Each Disbursement this Period 66.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boston State MA Zip Code 02113		
Purpose of Disbursement Courier service expense	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	170.18
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Innovative Marchant Solutions		Transaction ID: SB.61258 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 26541 Agoura Rd #200		Amount of Each Disbursement this Period 37.95
City Calabasas State CA Zip Code 91302	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank service charge		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Innovative Marchant Solutions		Transaction ID: SB.61270 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 26541 Agoura Rd #200		Amount of Each Disbursement this Period 70.00
City Calabasas State CA Zip Code 91302	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank service charge		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Innovative Marchant Solutions		Transaction ID: SB.61299 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 26541 Agoura Rd #200		Amount of Each Disbursement this Period 112.74
City Calabasas State CA Zip Code 91302	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank service charge		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	220.69
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Innovative Marchant Solutions		Transaction ID: SB.61318 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 26541 Agoura Rd #200		Amount of Each Disbursement this Period 107.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Calabasas State CA Zip Code 91302	Purpose of Disbursement Bank service charge Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. J&D Donuts Inc		Transaction ID: SB.61343 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 482 West Broadway		Amount of Each Disbursement this Period 93.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Boston State MA Zip Code 02127	Purpose of Disbursement Meetings expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lori B LaFave		Transaction ID: SB.61294 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 200 E Jefferson St		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Falls Church State VA Zip Code 22046	Purpose of Disbursement Consulting expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4201.95
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Lori B LaFave</p> <p>Mailing Address 200 E Jefferson St</p> <p>City Falls Church State VA Zip Code 22046</p> <p>Purpose of Disbursement Consulting expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB.61326 Date of Disbursement 03 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Daniel Lynch</p> <p>Mailing Address 411 West 2nd Street</p> <p>City South Boston State MA Zip Code 02127</p> <p>Purpose of Disbursement Cellphone reimbursement expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB.61300 Date of Disbursement 02 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Sheila A Lynch</p> <p>Mailing Address 461 East Eighth Street</p> <p>City South Boston State MA Zip Code 02127-4139</p> <p>Purpose of Disbursement Supplies reimbursement expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB.61301 Date of Disbursement 02 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 512.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2812.03

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Michael P MacDonald		Transaction ID: SB.61329 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6	
Mailing Address 10 Kingswood Rd		Amount of Each Disbursement this Period 589.68	
City Newton State MA Zip Code 02446	Purpose of Disbursement Catering reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. David N Martin		Transaction ID: SB.61273 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 202 Bonham Road		Amount of Each Disbursement this Period 1387.50	
City Dedham State MA Zip Code 02026	Purpose of Disbursement Accounting & compliance services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. David N Martin		Transaction ID: SB.61275 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 202 Bonham Road		Amount of Each Disbursement this Period 1687.50	
City Dedham State MA Zip Code 02026	Purpose of Disbursement Accounting & compliance services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	3664.68
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) David N Martin		Transaction ID: SB.61312 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 202 Bonham Road		Amount of Each Disbursement this Period 1250.00
City Dedham State MA Zip Code 02026	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting & compliance services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
B. Full Name (Last, First, Middle Initial) David N Martin		Transaction ID: SB.61330 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 202 Bonham Road		Amount of Each Disbursement this Period 1687.50
City Dedham State MA Zip Code 02026	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting & compliance services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
C. Full Name (Last, First, Middle Initial) David N Martin		Transaction ID: SB.61352 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 202 Bonham Road		Amount of Each Disbursement this Period 1593.75
City Dedham State MA Zip Code 02026	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting & compliance services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

4531.25

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Lori A Miller		Transaction ID: SB.61274 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 105 Farragut Rd		Amount of Each Disbursement this Period 2332.41
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Lori A Miller		Transaction ID: SB.61287 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 105 Farragut Rd		Amount of Each Disbursement this Period 64.73
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Supplies expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Lori A Miller		Transaction ID: SB.61313 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 105 Farragut Rd		Amount of Each Disbursement this Period 2332.41
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4729.55
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Lori A Miller		Transaction ID: SB.61342 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 105 Farragut Rd		Amount of Each Disbursement this Period 500.00
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Supplies expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Lori A Miller		Transaction ID: SB.61353 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 105 Farragut Rd		Amount of Each Disbursement this Period 2332.41
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) No. 9 Park		Transaction ID: SB.61283 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 9 Park Street		Amount of Each Disbursement this Period 2493.75
City Boston State MA Zip Code 02108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5326.16
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Norfolk & Dedham Mutual Fire Insurance Co		Transaction ID: SB.61292 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address PO Box 9694		Amount of Each Disbursement this Period 5446.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Manchester State NH Zip Code 03108-9694	Purpose of Disbursement Insurance expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Parkway Little League		Transaction ID: SB.61347 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address PO Box 152		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Roxbury State MA Zip Code 02132	Purpose of Disbursement League sponsorship Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB.61259 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 940459		Amount of Each Disbursement this Period 94.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60696-0459	Purpose of Disbursement Payroll fees expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5890.50
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB.61272 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address PO Box 940459		Amount of Each Disbursement this Period 1085.49	
City Chicago State IL Zip Code 60696-0459	Purpose of Disbursement Payroll tax expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB.61297 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address PO Box 940459		Amount of Each Disbursement this Period 232.70	
City Chicago State IL Zip Code 60696-0459	Purpose of Disbursement Payroll fees expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB.61314 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address PO Box 940459		Amount of Each Disbursement this Period 1056.09	
City Chicago State IL Zip Code 60696-0459	Purpose of Disbursement Payroll tax expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2374.28
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB.61335 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 940459		Amount of Each Disbursement this Period 94.50
City Chicago State IL Zip Code 60696-0459	Purpose of Disbursement Payroll fee expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB.61354 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address PO Box 940459		Amount of Each Disbursement this Period 1040.09
City Chicago State IL Zip Code 60696-0459	Purpose of Disbursement Payroll tax expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Plymouth Rock Assurance		Transaction ID: SB.61303 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 55469		Amount of Each Disbursement this Period 1810.00
City Boston State MA Zip Code 02205-5469	Purpose of Disbursement Auto insurance expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2944.59
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Richard Advertising		Transaction ID: SB.61309 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 35 Tenean Street		Amount of Each Disbursement this Period 1606.50
City State Zip Code Dorchester MA 02122	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sage Systems LLC		Transaction ID: SB.61251 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 2201		Amount of Each Disbursement this Period 3770.92
City State Zip Code Peabody MA 01960	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer software	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. South Boston Tribune		Transaction ID: SB.61257 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 6		Amount of Each Disbursement this Period 130.00
City State Zip Code South Boston MA 02127-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5507.42
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. South Boston Tribune		Transaction ID: SB.61324 Date of Disbursement 03 / 02 / 2006	
Mailing Address PO Box 6		Amount of Each Disbursement this Period 35.00	
City South Boston State MA Zip Code 02127-9998	Purpose of Disbursement Advertising Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. SouthBostonOnline Corp.		Transaction ID: SB.61249 Date of Disbursement 01 / 02 / 2006	
Mailing Address 663 East Broadway		Amount of Each Disbursement this Period 300.00	
City South Boston State MA Zip Code 02127	Purpose of Disbursement Advertising Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. SouthBostonOnline Corp.		Transaction ID: SB.61263 Date of Disbursement 01 / 13 / 2006	
Mailing Address 663 East Broadway		Amount of Each Disbursement this Period 438.00	
City South Boston State MA Zip Code 02127	Purpose of Disbursement Advertising Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	773.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SouthBostonOnline Corp.		Transaction ID: SB.61348 Date of Disbursement 03 / 17 / 2006	
Mailing Address 663 East Broadway		Amount of Each Disbursement this Period 480.00	
City South Boston State MA Zip Code 02127	Purpose of Disbursement Advertising Expense Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sprint PCS		Transaction ID: SB.61281 Date of Disbursement 02 / 03 / 2006	
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 164.80	
City Newark State NJ Zip Code 07101-1769	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sprint PCS		Transaction ID: SB.61302 Date of Disbursement 02 / 17 / 2006	
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 177.82	
City Newark State NJ Zip Code 07101-1769	Purpose of Disbursement Telephone Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	822.62
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sprint PCS		Transaction ID: SB.61351 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address PO Box 1769		Amount of Each Disbursement this Period 165.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark State NJ Zip Code 07101-1769		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. St. Patrick's Day Parade		Transaction ID: SB.61331 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address PO Box 351		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City South Boston State MA Zip Code 02127			
Purpose of Disbursement Band sponsorship fee Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Stapleton Floral		Transaction ID: SB.61267 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 635 East Broadway Street		Amount of Each Disbursement this Period 98.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City South Boston State MA Zip Code 02127			
Purpose of Disbursement Flower expense Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1264.57
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Stapleton Floral		Transaction ID: SB.61306 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 635 East Broadway Street		Amount of Each Disbursement this Period 71.00
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flower expense	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stapleton Floral		Transaction ID: SB.61338 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 635 East Broadway Street		Amount of Each Disbursement this Period 130.50
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flower expense	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. The Engineering Center Education Trust		Transaction ID: SB.61248 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address One Walnut St		Amount of Each Disbursement this Period 251.73
City Boston State MA Zip Code 02108-3616	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering expense	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	453.23
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: SB.61291 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address PO Box 1		Amount of Each Disbursement this Period 190.66	
City Worcester State MA Zip Code 00165-4001	Purpose of Disbursement Telephone Expense Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: SB.61325 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6	
Mailing Address PO Box 1		Amount of Each Disbursement this Period 194.68	
City Worcester State MA Zip Code 00165-4001	Purpose of Disbursement Telephone Expense Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB.61245 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6	
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 146.50	
City Worcester State MA Zip Code 01615-0023	Purpose of Disbursement Telephone expense Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	531.84
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB.61262 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Worcester State MA Zip Code 01615-0023		
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB.61289 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Worcester State MA Zip Code 01615-0023		
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB.61290 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 111.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Worcester State MA Zip Code 01615-0023		
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	211.78
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB.61322 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6	
Mailing Address PO Box 15023		Amount of Each Disbursement this Period 47.30	
City Worcester State MA Zip Code 01615-0023	Purpose of Disbursement Telephone expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Visa		Transaction ID: SB17.61356 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address PO Box 30131		Amount of Each Disbursement this Period 1490.68	
City Tampa State FL Zip Code 33630-3131	Purpose of Disbursement See detail	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Visa		Transaction ID: SB17.61358 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address PO Box 30131		Amount of Each Disbursement this Period 1229.44	
City Tampa State FL Zip Code 33630-3131	Purpose of Disbursement See detail	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2767.42
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Visa		Transaction ID: SB17.61427 Date of Disbursement 03 / 31 / 2006	
Mailing Address P.O. Box 30131		Amount of Each Disbursement this Period 1682.38	
City Tampa State FL Zip Code 33630-3131	Purpose of Disbursement See detail	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. U.S. House of Rep. Gift Shop		Transaction ID: SB17.61356.0 Date of Disbursement 01 / 04 / 2006	
Mailing Address United States Capital Building		Amount of Each Disbursement this Period 201.29	
City Washington State DC Zip Code 20002	Purpose of Disbursement Gifts for service personnel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. U. S. Airways		Transaction ID: SB17.61356.1 Date of Disbursement 01 / 26 / 2006	
Mailing Address Logan International Airport		Amount of Each Disbursement this Period 598.60	
City Boston State MA Zip Code 02128	Purpose of Disbursement Air travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	1682.38
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hyatt Regency Hotel		Transaction ID: SB17.61356.2 Date of Disbursement 01 / 31 / 2006
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 342.36
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging expense	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
State: District:		

Full Name (Last, First, Middle Initial) B. Kingsmill Resort		Transaction ID: SB17.61356.3 Date of Disbursement 01 / 31 / 2006
Mailing Address 1010 Kindsmill Rd		Amount of Each Disbursement this Period 50.58
City Williamsburg State VA Zip Code 23185	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meetings expense	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
State: District:		

Full Name (Last, First, Middle Initial) C. U. S. Airways		Transaction ID: SB17.61358.0 Date of Disbursement 02 / 04 / 2006
Mailing Address Logan International Airport		Amount of Each Disbursement this Period 216.00
City Boston State MA Zip Code 02128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Air travel	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kingsmill Resort		Transaction ID: SB17.61358.1 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6	
Mailing Address 1010 Kingsmill Rd		Amount of Each Disbursement this Period 55.69	
City Williamsburg State VA Zip Code 23185	Purpose of Disbursement Meetings expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Hyatt Regency Hotel		Transaction ID: SB17.61358.2 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 6	
Mailing Address 400 New Jersey Ave NW		Amount of Each Disbursement this Period 222.69	
City Washington State DC Zip Code 20001	Purpose of Disbursement Lodging expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. U.S. House of Rep. Gift Shop		Transaction ID: SB17.61358.3 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address United States Capital Building		Amount of Each Disbursement this Period 735.06	
City Washington State DC Zip Code 20002	Purpose of Disbursement Gifts for service personnel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. House of Rep. Gift Shop		Transaction ID: SB17.61427.0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address United States Capital Building		Amount of Each Disbursement this Period 342.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Gifts for service personnel Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. New Bay View Liquors		Transaction ID: SB17.61427.1 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6
Mailing Address 108 Dorchester ST		Amount of Each Disbursement this Period 293.00
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Trover Shop		Transaction ID: SB17.61427.2 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 221 Pennsylvania Ave NW		Amount of Each Disbursement this Period 210.44
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Supplies expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: SB17.61427.3 Date of Disbursement 03 / 24 / 2006
Mailing Address P.O. Box 17587		Amount of Each Disbursement this Period 385.92
City Baltimore State MD Zip Code 21297-1587	Purpose of Disbursement Telephone expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Ten Penh Restaurant		Transaction ID: SB17.61427.4 Date of Disbursement 03 / 29 / 2006
Mailing Address 1001 Pennsylvania Ave NW		Amount of Each Disbursement this Period 418.37
City Washington State DC Zip Code 20004	Purpose of Disbursement Meetings expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. W. B. Mason		Transaction ID: SB.61264 Date of Disbursement 01 / 13 / 2006
Mailing Address 59 Centre Street PO Box 111		Amount of Each Disbursement this Period 228.78
City Brockton State MA Zip Code 02303	Purpose of Disbursement Supplies expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	228.78
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. W. B. Mason		Transaction ID: SB.61305 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 59 Centre Street PO Box 111		Amount of Each Disbursement this Period 302.90	
City Brockton State MA Zip Code 02303	Purpose of Disbursement Supplies expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. W. B. Mason		Transaction ID: SB.61350 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6	
Mailing Address 59 Centre Street PO Box 111		Amount of Each Disbursement this Period 133.13	
City Brockton State MA Zip Code 02303	Purpose of Disbursement Supplies expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Wright Patman Congressional Federal Credi		Transaction ID: SB.61254 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6	
Mailing Address PO Box 23267		Amount of Each Disbursement this Period 200.00	
City Washington State DC Zip Code 20006	Purpose of Disbursement Gifts for supporters	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	636.03
TOTAL This Period (last page this line number only) ▶	65051.29

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Allied War Veterans Banquet		Transaction ID: SB.61320 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address c/o Ed Shifflett, Chairman 109 Edg		Amount of Each Disbursement this Period 250.00
City Braintree State MA Zip Code 02184	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event tickets	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cushing House for Girls		Transaction ID: SB.61260 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 54 Old Colony Ave		Amount of Each Disbursement this Period 275.00
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Charitable contribution expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kendrick Meek for Congress		Transaction ID: SB.61333 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 111 NW 183rd St #325		Amount of Each Disbursement this Period 1000.00
City Miami State FL Zip Code 33169	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Federal contribution	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1525.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. South Boston Boys & Girls Club		Transaction ID: SB.61319 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 230 W 6th St		Amount of Each Disbursement this Period 500.00
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event ticket expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. South Boston Citizens' Association		Transaction ID: SB.61315 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address PO Box 74		Amount of Each Disbursement this Period 125.00
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. South Boston Citizens' Association		Transaction ID: SB.61316 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address PO Box 74		Amount of Each Disbursement this Period 500.00
City South Boston State MA Zip Code 02127	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Charitable contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1125.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
South Boston Little League, Inc.

Mailing Address PO Box 143

City South Boston State MA Zip Code 02127

Purpose of Disbursement
Charitable contribution expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.61346

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
The Zachary Duffy Fund

Mailing Address PO Box 862

City Wrentham State MA Zip Code 02093

Purpose of Disbursement
Charitable Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.61252

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

800.00

TOTAL This Period (last page this line number only)

3450.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
STEPHEN F. LYNCH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Political Accounts			Nature of Debt (Purpose): Deposit for phone lines
Mailing Address 5 Davis Farm Road			
City Portland	State ME	ZIP Code 04103	

Outstanding Balance Beginning This Period		Transaction ID: SD9.5	
350.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	350.00	

1) SUBTOTALS This Period This Page (optional).....	350.00
2) TOTALS This Period (last page this line number only).....	350.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	