

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
Re-Elect McGovern Committee

ADDRESS (number and street) PO Box 60405
 Check if different than previously reported. (ACC)
Worcester MA 01606

2. **FEC IDENTIFICATION NUMBER** C00285171
CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A)
MA 03

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 MA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 01 2008 through 08 27 2008

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

Signature of Treasurer Electronically Filed by William T. Talcott, III Date 09 03 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Re-Elect McGovern Committee

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	8

D	D
2	7

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	52147.34	917466.16
(b) Total Contribution Refunds (from Line 20(d)).....	3227.00	3827.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	48920.34	913639.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	25285.92	458394.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	72.00	268.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25213.92	458126.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	317024.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
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 12/2003)

Write or Type Committee Name
Re-Elect McGovern Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
2	7

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

22600.00

0.00

(ii) Unitemized.....

3547.34

0.00

(iii) TOTAL of contributions

26147.34

676171.71

from individuals..... ▶

0.00

27.57

(b) Political Party Committees.....

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

26000.00

241266.88

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

52147.34

917466.16

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

72.00

268.58

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

394.72

12712.31

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

52614.06

930447.05

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25285.92	458394.79
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.....	3227.00	3227.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	600.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3227.00	3827.00
21. OTHER DISBURSEMENTS.....	10950.00	292392.16
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	39462.92	754613.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	303872.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	52614.06
25. SUBTOTAL (add Line 23 and Line 24).....	356487.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39462.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	317024.12

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 49
	<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)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) ADRIAN ADAMS		Date of Receipt
	Mailing Address 83 Waterford Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Marlborough	MA	01752
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10465259
Name of Employer Sepracor		Occupation President & Ceo	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
		<input type="text"/> 4300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) THIEN ANH		Date of Receipt
	Mailing Address 535 Lincoln St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 7 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Worcester	MA	01605
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10463387
Name of Employer Kyoto Japanese Restaurant		Occupation Owner	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) FRANK P BAPTISTA		Date of Receipt
	Mailing Address PO Box 9813		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 7 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Fall River	MA	02720
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10463017
Name of Employer RADIOVOZ DO EMIGRANTE		Occupation DIRECTOR	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 49
	<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)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
PAUL M BARRETT

Mailing Address 1 Beacon Street

City Boston State MA Zip Code 02108

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

Name of Employer Donaghue Barrett & Singal Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 01 / 2008
Transaction ID: SA11AI.10462618

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)
ROBERT L BEAL

Mailing Address 21 Brimmer St

City Boston State MA Zip Code 02108

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

Name of Employer THE BEAL COMPANIES Occupation PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 07 / 01 / 2008
Transaction ID: SA11AI.10463396

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)
ROBERT L BEAL

Mailing Address 21 Brimmer St

City Boston State MA Zip Code 02108

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

Name of Employer THE BEAL COMPANIES Occupation PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 07 / 01 / 2008
Transaction ID: SA11AI.10466898

Amount of Each Receipt this Period 700.00

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

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 49
	<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)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) ANDREW BUDUO, JR	Date of Receipt MM / DD / YYYY 08 / 21 / 2008
	Mailing Address 29 Cortland Grove Dr	Transaction ID: SA11AI.10466473
	City State Zip Code Shrewsbury MA 01545	Amount of Each Receipt this Period 1900.00
	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

B.	Full Name (Last, First, Middle Initial) ANDREW BUDUO, JR	Date of Receipt MM / DD / YYYY 08 / 21 / 2008
	Mailing Address 29 Cortland Grove Dr	Transaction ID: SA11AI.10466902
	City State Zip Code Shrewsbury MA 01545	Amount of Each Receipt this Period 2300.00
	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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

C.	Full Name (Last, First, Middle Initial) KATE CHERTAVIAN	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 95 Irving St	Transaction ID: SA11AI.10462640
	City State Zip Code Cambridge MA 02138	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 SELF	Occupation ART DEALER	
Receipt For: 2008 <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)	4700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 8 / 49
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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) SHIRLEY A COELHO		Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 46 Boardman Ln		Transaction ID: SA11AI.10465247
	City Attleboro	State MA	Zip Code 02703
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Occupation RETIRED	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00

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

B.	Full Name (Last, First, Middle Initial) MARTIN G CORRY, JR		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 81 Pleasant St		Transaction ID: SA11AI.10462616
	City Cohasset	State MA	Zip Code 02025
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Occupation ATTORNEY	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

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

C.	Full Name (Last, First, Middle Initial) GERARD F DOHERTY		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 50 Franklin St		Transaction ID: SA11AI.10462614
	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 Occupation Attorney	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 49
	<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)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) PAUL DONOVAN		Date of Receipt
	Mailing Address 82 Park Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2008
	City	State	Zip Code
	Newton	MA	02458
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10462613
Name of Employer Kearney, Dohovan & McGee		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 1750.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) MARY ESTRIN		Date of Receipt
	Mailing Address 1717 Westridge Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 04 / 2008
	City	State	Zip Code
	Los Angeles	CA	90049
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10465258
Name of Employer self		Occupation investor	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) SCOTT M FERSON		Date of Receipt
	Mailing Address 83 School St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 11 / 2008
	City	State	Zip Code
	Belmont	MA	02478
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10465260
Name of Employer LIBERTY SQUARE GROUP		Occupation PRESIDENT	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 2300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

<p>A. Full Name (Last, First, Middle Initial) SCOTT M FERSON</p> <p>Mailing Address 83 School St</p> <p>City Belmont State MA Zip Code 02478</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer LIBERTY SQUARE GROUP Occupation PRESIDENT</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3000.00</p>	<p>Date of Receipt 08 / 11 / 2008</p> <p>Transaction ID: SA11AI.10466904</p> <p>Amount of Each Receipt this Period 700.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) GEOFFREY GLEASON</p> <p>Mailing Address 6126 N. 11th Road</p> <p>City Arlington State VA Zip Code 22205</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer THE LIVINGSTON GROUP Occupation LOBBYIST</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p>	<p>Date of Receipt 08 / 03 / 2008</p> <p>Transaction ID: SA11AI.10465262</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) KIM M GOODNOW</p> <p>Mailing Address 32 Whitaker Ln</p> <p>City Princeton State MA Zip Code 01541</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer WOODMEISTER Occupation EXECUTIVE VICE PRESIDENT</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 350.00</p>	<p>Date of Receipt 07 / 20 / 2008</p> <p>Transaction ID: SA11AI.10463021</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 49
	(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)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) DOLORES M GRIBOUSKI		Date of Receipt
	Mailing Address 252 Sycamore Dr		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Holden	MA	01520
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer WORC PUB SCHOOLS		Occupation PRINCIPAL	Transaction ID: SA11AI.10463018
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="325.00"/>	<input type="text" value="125.00"/>
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) PHILIP W JOHNSTON		Date of Receipt
	Mailing Address P. O. Box 909		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Marshfield	MA	02050
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer PHIL JOHNSTON ASSOCIATES		Occupation CONSULTANT	Transaction ID: SA11AI.10463392
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) BERNADETTE KEARNEY		Date of Receipt
	Mailing Address 7 Madison Avenue West		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Winchester	MA	01890
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation Homemaker	Transaction ID: SA11AI.10462615
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1625.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 49

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial)
PETER L LEVIN

Mailing Address 30 Kensington Street

City State Zip Code
Newtonville MA 02160

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

Name of Employer Occupation
DAFCA, INC. SOFTWARE CEO

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: SA11AI.10462610

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)
ANNEMARIE LEWIS-KERWIN

Mailing Address 19 Westvale Road

City State Zip Code
Milton MA 02186

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

Name of Employer Occupation
Praxis Communications Strategies President

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: SA11AI.10462624

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)
HUBERT MARSHALL

Mailing Address 611 Alvarado Row

City State Zip Code
Stanford CA 94305

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

Name of Employer Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 20 / 2008

Transaction ID: SA11AI.10466469

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) ▶

950.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 49
(check only one)

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

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
JACQUELINE MAZZA

Mailing Address 7839 Heatherton Lane

City Potomac State MD Zip Code 20854

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

Name of Employer INTER-AMERICAN DEV. BANK Occupation LATIN AMERICAN SPECIALIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt 07 / 20 / 2008
Transaction ID: SA11AI.10463001

Amount of Each Receipt this Period 175.00

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

B. Full Name (Last, First, Middle Initial)
CYNTHIA MCCLINTOCK

Mailing Address 4830 Broad Branch Rd. NW

City Washington State DC Zip Code 20008

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

Name of Employer George Washington Univ. Occupation Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

Date of Receipt 07 / 25 / 2008
Transaction ID: SA11AI.10463388

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)
CYNTHIA MCGRATH

Mailing Address 24200 Old Hundred Road

City Dickerson State MD Zip Code 20842

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 07 / 20 / 2008
Transaction ID: SA11AI.10463004

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) ▶ **525.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 49
(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)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial)
SYDNEY L MILLER

Mailing Address 19 Hamden St, PO Box

City State Zip Code
Boston MA 02119

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

Name of Employer
HARRY MILLER CO., INC.

Occupation
EXECUTIVE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4550.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: SA11AI.10462633

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)
JAMES F O'LEARY

Mailing Address 5 Dunedin Road

City State Zip Code
Wellesley MA 02481

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

Name of Employer
ALTERNATE CONCEPTS

Occupation
PRINCIPAL

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2008

Transaction ID: SA11AI.10462620

Amount of Each Receipt this Period
800.00

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

C.

Full Name (Last, First, Middle Initial)
JAMES F O'LEARY

Mailing Address 5 Dunedin Road

City State Zip Code
Wellesley MA 02481

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

Name of Employer
ALTERNATE CONCEPTS

Occupation
PRINCIPAL

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2008

Transaction ID: SA11AI.10462621

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) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

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

Mailing Address 10 Pheasantwood Ter

City State Zip Code
Wakefield MA 01880

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
STANTEL SENIOR PRINCIPAL

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: SA11AI.10462608

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)
YOUNG K PARK

Mailing Address 5 Riedesel Ave

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BERKLEY INVESTMENTS PRESIDENT

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: SA11AI.10462638

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)
JANE PHILLIPS

Mailing Address 102 Estabrook Road

City State Zip Code
Concord MA 01742

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Psychotherapist

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: SA11AI.10462617

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 49
	<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)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) MARY JANE POWELL		Date of Receipt
	Mailing Address 31 Cheever Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2008
	City	State	Zip Code
	Andover	MA	01810
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10462623
Name of Employer		Amount of Each Receipt this Period	
Occupation		<input type="text"/> 500.00	
RETIRED		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 2000.00		

B.	Full Name (Last, First, Middle Initial) EDWARD REID		Date of Receipt
	Mailing Address P.O. Box 4429		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 20 / 2008
	City	State	Zip Code
	Annapolis	MD	21403
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10463005
Name of Employer		Amount of Each Receipt this Period	
Autodesk		<input type="text"/> 250.00	
Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Engineer			
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 350.00		

C.	Full Name (Last, First, Middle Initial) SEAN THOMAS RYAN		Date of Receipt
	Mailing Address 207 Bowker St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2008
	City	State	Zip Code
	Norwell	MA	02061
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10463393
Name of Employer		Amount of Each Receipt this Period	
DONOGHUE BARRETT & SINGAL		<input type="text"/> 500.00	
Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
ATTORNEY			
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 1500.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 49
(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)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
GERALD SCHUSTER

Mailing Address One Charles River Place

City State Zip Code
Needham MA 02494

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

Name of Employer Occupation
Continental Wingate President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: SA11AI.10462635

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 SIMOURIAN

Mailing Address 210 Dedham Street

City State Zip Code
Dover MA 02030

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

Name of Employer Occupation
Lily Transportation Ceo

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: SA11AI.10462642

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)
SCOTT A SOLOMBRINO

Mailing Address PO Box 703

City State Zip Code
Essex MA 01929

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

Name of Employer Occupation
DAV EL BOSTON CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2008

Transaction ID: SA11AI.10462611

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 49
(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)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial)
BARBARA J THOMAS

Mailing Address 11 Plainfield Ave

City Shrewsbury State MA Zip Code 01545

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

Name of Employer Occupation RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 07 / 25 / 2008

Transaction ID: SA11AI.10463391

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)
RITA TUTTLE

Mailing Address 153 Kendall Hill Road

City Sterling State MA Zip Code 01564

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

Name of Employer Occupation REALTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt 08 / 20 / 2008

Transaction ID: SA11AI.10466467

Amount of Each Receipt this Period 125.00

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

C.

Full Name (Last, First, Middle Initial)
HELEN C TWISS

Mailing Address 50 Collins St

City Worcester State MA Zip Code 01606

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

Name of Employer Occupation RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt 07 / 25 / 2008

Transaction ID: SA11AI.10463389

Amount of Each Receipt this Period 25.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 49	
	(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)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) SUSAN R WADDINGTON		Date of Receipt																					
	Mailing Address 799 Read St		<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>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	4		2	0	0	8														
	City	State	Zip Code		Transaction ID: SA11AI.10465255																			
	Seekonk	MA	02771																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
Name of Employer		Occupation		50.00																				
RETIRED		Election Cycle-to-Date ▼		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2008	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		350.00																					

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	22600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 49
	<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)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION PAC		Date of Receipt
	Mailing Address 1101 Vermont Avenue. NW		<input type="checkbox"/> 08 / <input type="checkbox"/> 09 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. C C00000422		Transaction ID: SA11C.10465337
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) AMERICAN NURSES' ASSOCIATION INC PAC		Date of Receipt
	Mailing Address 8515 Georgia Ave		<input type="checkbox"/> 08 / <input type="checkbox"/> 06 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Silver Spring	MD	20910
	FEC ID number of contributing federal political committee. C C00017525		Transaction ID: SA11C.10465263
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) AMERICAN OCCUPATIONAL THERAPY ASSOCIATION INC PAC		Date of Receipt
	Mailing Address 4720 Montgomery Ln PO Box31220		<input type="checkbox"/> 08 / <input type="checkbox"/> 22 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Bethesda	MD	20814
	FEC ID number of contributing federal political committee. C C00089086		Transaction ID: SA11C.10466474
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 21 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION PAC
 Mailing Address 1111 N. Fairfax Street
 City State Zip Code
 Alexandria VA 22314
 FEC ID number of contributing federal political committee. **C** C00012880
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 0 / 2 0 0 8
Transaction ID: SA11C.10465331
 Amount of Each Receipt this Period
 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American College of Radiology Assoc. PAC
 Mailing Address 505 9th St NW
 City State Zip Code
 Washington DC 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 0 / 2 0 0 8
Transaction ID: SA11C.10465333
 Amount of Each Receipt this Period
 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Optometric Association PAC
 Mailing Address 1505 Prince St
 City State Zip Code
 Alexandria VA 22314
 FEC ID number of contributing federal political committee. **C** C00024968
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 0 / 2 0 0 8
Transaction ID: SA11C.10465332
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 22 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
American Society for Clinical Laboratory Science PAC
Mailing Address 6701 Democracy Blvd
City Bethesda State MD Zip Code 20817
FEC ID number of contributing federal political committee. **C** C00034645
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 07 / 26 / 2008
Transaction ID: SA11C.10463400
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)
BOSTON SCIENTIFIC PAC
Mailing Address One Boston Scientific Place
City Natick State MA Zip Code 01760
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 08 / 24 / 2008
Transaction ID: SA11C.10466476
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
CITIZENS FOR GLOBAL SOLUTIONS PAC
Mailing Address 418 7th Street SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 08 / 12 / 2008
Transaction ID: SA11C.10465261
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 23 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
Consumer Healthcare Products Assoc PAC
Mailing Address 900 19th St NW
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt: 08 / 10 / 2008
Transaction ID: SA11C.10465330
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)
Dean Foods Company PAC
Mailing Address 2515 McKinney Ave
City Dallas State TX Zip Code 75201
FEC ID number of contributing federal political committee. **C** C00340083
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt: 07 / 14 / 2008
Transaction ID: SA11C.10463398
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)
GENERAL ELECTRIC PAC
Mailing Address 1299 Pennsylvania Ave. NW
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00024869
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt: 07 / 14 / 2008
Transaction ID: SA11C.10463399
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 24 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
Grocery Manufacturers Association Gma-Pac
Mailing Address 1350 1street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00250068

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
07 / 02 / 2008

Transaction ID: SA11C.10462631

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)
LABORERS' POLITICAL LEAGUE PAC
Mailing Address 905 16th Street NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: MM / DD / YYYY
08 / 01 / 2008

Transaction ID: SA11C.10465338

Amount of Each Receipt this Period: 2500.00

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

C. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees PAC
Mailing Address 1550 Crystal Dr

City Arlington State VA Zip Code 60405

FEC ID number of contributing federal political committee. **C** c00303024

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
07 / 14 / 2008

Transaction ID: SA11C.10463397

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
MASS BANKERS PAC FEDERAL FUND
Mailing Address 73 Tremont St
City Boston State MA Zip Code 02108
FEC ID number of contributing federal political committee. **C** C00221507
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3250.00
Date of Receipt 07 / 01 / 2008
Transaction ID: SA11C.10462612
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)
Massachusetts Biotechnology Council PAC
Mailing Address 1 Cambridge Center
City Cambridge State MA Zip Code 02142
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 07 / 01 / 2008
Transaction ID: SA11C.10462619
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)
NATIONAL AIR TRAFFIC CONTROLLER ASSOCIATION PAC
Mailing Address 1325 Massachusetts Avenue
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00238725
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 08 / 24 / 2008
Transaction ID: SA11C.10466475
Amount of Each Receipt this Period 4000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 26 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial)
REALTORS PAC

Mailing Address 430 N. Michigan Avenue

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11C.10465334

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	26000.00

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

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

FOR LINE NUMBER: PAGE 27 / 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
American Express
 Mailing Address PO Box 1270
 City State Zip Code
 Newark NJ 17101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 0.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2008
Transaction ID: SA14.10466607
 Amount of Each Receipt this Period
 0.98
 American Express Rebate
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Rewards program

B. Full Name (Last, First, Middle Initial)
THE HARTFORD
 Mailing Address 150 Windsor St
 City State Zip Code
 Hartford CT 06120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 REFUND
 Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 72.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 10 / 2008
Transaction ID: SA14.10466477
 Amount of Each Receipt this Period
 72.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **72.00**
TOTAL This Period (last page this line number only) ► **72.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 49
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial) FIDELITY		Date of Receipt
Mailing Address PO Box 770001		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
City	State	Zip Code
Cincinnati	OH	45277
FEC ID number of contributing federal political committee.		Transaction ID: SA15.10466478
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="394.72"/>
Name of Employer	Occupation	Interest received
	INTEREST RECEIVED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For:	Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="12712.31"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="394.72"/>
TOTAL This Period (last page this line number only)	<input type="text" value="394.72"/>

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)
Re-Elect McGovern Committee

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 17101</p> <p>Purpose of Disbursement Credit card payment; See memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.111328</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 7473.68</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) Avenet</p> <p>Mailing Address 1380 Energy Lane, Suite 206</p> <p>City St. Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Email service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.111324</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 285.00</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) Avenet</p> <p>Mailing Address 1380 Energy Lane, Suite 206</p> <p>City St. Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Credit card contribution processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.111318</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7768.68

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)

<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)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) BUSINESS CARD SERVICES <hr/> Mailing Address PO BOX 405 <hr/> City BURLINGTON State VT Zip Code 05402 <hr/> Purpose of Disbursement Credit card payment; See memo entries Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111327 Date of Disbursement 07 / 24 / 2008 <hr/> Amount of Each Disbursement this Period 449.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Barney Frank for Congress <hr/> Mailing Address PO Box 260 <hr/> City Newtonville State MA Zip Code 02460 <hr/> Purpose of Disbursement Reimbursement for event tickets Candidate Name Barney Frank for Congress <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111389 Date of Disbursement 07 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 360.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Beacon Hill Bistro <hr/> Mailing Address 25 Charles St <hr/> City Boston State MA Zip Code 02114 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111474 Date of Disbursement 07 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 563.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

809.79

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)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) Bistro Bis Mailing Address 15 E St., NW City Washington State DC Zip Code 20001 Purpose of Disbursement Meal; Credit card charge 6/15/2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111497 Date of Disbursement 07 / 24 / 2008 Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Kelly Brissette Mailing Address 55 Amherst Street City Worcester State MA Zip Code 01602 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111331 Date of Disbursement 07 / 29 / 2008 Amount of Each Disbursement this Period 346.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Bullfeathers Mailing Address 410 First St. SE City Washington State DC Zip Code 20003 Purpose of Disbursement Meal; Credit card charge 6/12/2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111481 Date of Disbursement 07 / 24 / 2008 Amount of Each Disbursement this Period 181.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	346.31
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) Capital Grille <hr/> Mailing Address 601 Pennsylvania Ave. NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Meal; Credit card charge 6/23/2008 Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.111464 Date of Disbursement 07 / 24 / 2008 <hr/> Amount of Each Disbursement this Period 252.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Charter Communications <hr/> Mailing Address 95 Higgins St. <hr/> City Worcester State MA Zip Code 01606 <hr/> Purpose of Disbursement Internet service Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.111500 Date of Disbursement 07 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 59.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) City of Marlboro Celebrations <hr/> Mailing Address 138 Church St <hr/> City Marlborough State MA Zip Code 01752 <hr/> Purpose of Disbursement Parade entry fee Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.111311 Date of Disbursement 08 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	250.00
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)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial)
Coalition for Social Justice

Mailing Address 56 No. Main St., #403

City Fall River State MA Zip Code 01606

Purpose of Disbursement
Advertisement
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.111337
Date of Disbursement

07 / 27 / 2008

Amount of Each Disbursement this Period

160.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Columbus Day Parade Commit

Mailing Address PO Box 2856

City Worcester State MA Zip Code 01613

Purpose of Disbursement
Advertisement
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.111312
Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

115.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address 900 Grand Plaza Drive

City Houston State TX Zip Code 77067

Purpose of Disbursement
Travel; Credit card charge 6/26/2008
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB17.111494
Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

445.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

275.00

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)
Re-Elect McGovern Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Coral Seafood</p> <p>Mailing Address 225 Shrewsbury Street</p> <p>City Worcester State MA Zip Code 01604</p> <p>Purpose of Disbursement Meal; Credit card charge 6/30/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.111460</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 99.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FLAGSHIP BANK</p> <p>Mailing Address 306 Main Street</p> <p>City Worcester State MA Zip Code 01606</p> <p>Purpose of Disbursement Bank fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.111344</p> <p>Date of Disbursement 07 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 63.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FRANKS FLOWER SHOP</p> <p>Mailing Address 165 GRAFTON ST.</p> <p>City WORCESTER State MA Zip Code 01604</p> <p>Purpose of Disbursement Flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.111322</p> <p>Date of Disbursement 07 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 89.25</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)	152.27
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) FRANKS FLOWER SHOP	Transaction ID: SB17.111332
	Mailing Address 165 GRAFTON ST.	Date of Disbursement 07 / 24 / 2008
	City WORCESTER State MA Zip Code 01604	Amount of Each Disbursement this Period 101.25
	Purpose of Disbursement Flowers	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB17.111487
	Mailing Address 3796 Lamar Avenue	Date of Disbursement 07 / 24 / 2008
	City Memphis State TN Zip Code 38118	Amount of Each Disbursement this Period 19.65
	Purpose of Disbursement Shipping; Credit card charge 6/16/2008	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: SB17.111458
	Mailing Address 7001 Tower Road	Date of Disbursement 07 / 24 / 2008
	City Denver State CO Zip Code 80249	Amount of Each Disbursement this Period 687.38
	Purpose of Disbursement Travel: Credit card charge 6/19/2008	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	101.25
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial)
Guaranty Management Co

Transaction ID: SB17.111320
Date of Disbursement

Mailing Address 370 Main Street

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

City Worcester State MA Zip Code 01608

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Rent

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Guaranty Management Co

Transaction ID: SB17.111297
Date of Disbursement

Mailing Address 370 Main Street

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

City Worcester State MA Zip Code 01608

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Rent

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
IRS C/O FLAGSHIP BANK

Transaction ID: SB17.111325
Date of Disbursement

Mailing Address 306 MAIN ST.

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

City WORCESTER State MA Zip Code 01613

Amount of Each Disbursement this Period

1625.52

Purpose of Disbursement
Fed p/r taxes & w/h

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2225.52

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial)
IRS C/O FLAGSHIP BANK

Transaction ID: SB17.111298
Date of Disbursement

Mailing Address 306 MAIN ST.

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

City Worcester State MA Zip Code 01613

Amount of Each Disbursement this Period

1666.84

Purpose of Disbursement
Fed p/r taxes & w/h

--

Candidate Name

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
MASS DEMOCRATIC STATE COMMITTEE

Transaction ID: SB17.111301
Date of Disbursement

Mailing Address 129 Portland Street Suite 301

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

City Boston State MA Zip Code 02114

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Event tickets

--

Candidate Name

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
MASS DEPT OF REVENUE

Transaction ID: SB17.111326
Date of Disbursement

Mailing Address PO BOX 7038

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

City CHELSEA State MA Zip Code 02204

Amount of Each Disbursement this Period

298.57

Purpose of Disbursement
Employee state tax w/h

--

Candidate Name

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

2215.41

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) MASS DEPT OF REVENUE <hr/> Mailing Address PO BOX 7038 <hr/> City CHELSEA State MA Zip Code 02204 <hr/> Purpose of Disbursement Employee state tax w/h Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111299 Date of Disbursement 07 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 298.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Ma Div Of Revenue <hr/> Mailing Address PO Box 7038 <hr/> City Chelsea State MA Zip Code 02204 <hr/> Purpose of Disbursement State unemployment tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111300 Date of Disbursement 07 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 63.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mass Veterans Shelter <hr/> Mailing Address 69 Grove Street <hr/> City Worcester State MA Zip Code 01605 <hr/> Purpose of Disbursement Advertisement and tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111315 Date of Disbursement 08 / 21 / 2008 <hr/> 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

SUBTOTAL of Disbursements This Page (optional) ▶

1361.57

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)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial)
McCormick & Schmicks

Mailing Address 1652 K Street

City Washington State DC Zip Code 20006

Purpose of Disbursement
Meal; Credit card charge 6/12/2008

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.111470
Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

361.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
National Democratic Club

Mailing Address 30 Ivy St.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Event food & bev; Credit card charge 6/16/2008

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.111485
Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

2705.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
National Democratic Club

Mailing Address 30 Ivy St.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Meal; Credit card charge 6/27/2008

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.111499
Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

96.26

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
POW MIA Awareness Coom of Mass

Mailing Address 201 Grove St

City Randolph State MA Zip Code 02368

Purpose of Disbursement

Advertisement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.111303

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Matthew Pacheco

Mailing Address 10 Mann Street

City Medway State MA Zip Code 02053

Purpose of Disbursement

Payroll

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.111330

Date of Disbursement

07 / 29 / 2008

Amount of Each Disbursement this Period

4550.97

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Park Cafe

Mailing Address 106 13th Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Meal

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.111477

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

688.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

4750.97

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)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) Paychex Inc	Transaction ID: SB17.111323 Date of Disbursement 07 / 02 / 2008
	Mailing Address 27A Midstate Drive	Amount of Each Disbursement this Period 69.05
	City Auburn State MA Zip Code 01501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex Inc	Transaction ID: SB17.111306 Date of Disbursement 08 / 04 / 2008
	Mailing Address 27A Midstate Drive	Amount of Each Disbursement this Period 105.05
	City Auburn State MA Zip Code 01501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sage System LLC	Transaction ID: SB17.111321 Date of Disbursement 07 / 02 / 2008
	Mailing Address 376 Washington Street	Amount of Each Disbursement this Period 2075.00
	City Malden State MA Zip Code 02148	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Software fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2249.10
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)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) Spirit of Shrewsbury Mailing Address 221 Main St City Shrewsbury State MA Zip Code 01545 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111339 Date of Disbursement 07 / 29 / 2008 Amount of Each Disbursement this Period 189.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) William Talcott Mailing Address P. O. Box 163 City Millbury State MA Zip Code 01527 Purpose of Disbursement Accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111317 Date of Disbursement 08 / 27 / 2008 Amount of Each Disbursement this Period 1530.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) The Corner Flowers Shop Mailing Address 247 So. Main Street City Attleboro State MA Zip Code 02703 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.111307 Date of Disbursement 08 / 11 / 2008 Amount of Each Disbursement this Period 68.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1787.00

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)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial)
UNITED STATES POSTAL SERVICE

Transaction ID: SB17.111478
Date of Disbursement

Mailing Address GREENDALE STATION

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

City Worcester State MA Zip Code 01606

Amount of Each Disbursement this Period

Purpose of Disbursement
Postage; Credit card charge 6/19/2008

16.50

Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
UNITED STATES POSTAL SERVICE

Transaction ID: SB17.111496
Date of Disbursement

Mailing Address GREENDALE STATION

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

City Worcester State MA Zip Code 01606

Amount of Each Disbursement this Period

Purpose of Disbursement
Postage; Credit card charge 6/8/2008

84.00

Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
US Airways

Transaction ID: SB17.111479
Date of Disbursement

Mailing Address Crystal Park Four 2345 Crystal Dr.

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

City Arlington State VA Zip Code 22227

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel; Credit card charge 6/26/2008

880.00

Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial)
US House Members Dining Room

Transaction ID: SB17.111475
Date of Disbursement

Mailing Address Independence Ave & Capitol St

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

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

81.65

Purpose of Disbursement
Meal

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Transaction ID: SB17.111480
Date of Disbursement

Mailing Address PO Box 25505

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

City Lehigh Valley State PA Zip Code 18002

Amount of Each Disbursement this Period

128.75

Purpose of Disbursement
Phone expense; Credit card charge 6/10/2008

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Transaction ID: SB17.111495
Date of Disbursement

Mailing Address PO Box 25505

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

City Lehigh Valley State PA Zip Code 18002

Amount of Each Disbursement this Period

246.32

Purpose of Disbursement
Phone expense, Credit card charge 6/30/2008

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 45 / 49

<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)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
Vonage Digital Voice Systems Inc

Mailing Address 2147 Route 27

City Edison State NJ Zip Code 08817

Purpose of Disbursement
Phone expense; Credit card charge 6/26/2008

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.111493

Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

49.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Voz Du Imigrante

Mailing Address PO Box 9813

City Fall River State MA Zip Code 02720

Purpose of Disbursement
Advertisement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.111313

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

24542.87

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.

Full Name (Last, First, Middle Initial)
Gerard Damico

Mailing Address 358 SALISBURY ST

City Worcester State MA Zip Code 01609

Purpose of Disbursement
Refund contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB20A.111316
Date of Disbursement

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

Amount of Each Disbursement this Period

1227.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Frazor Edmondson

Mailing Address 768 Hemenway

City Marlboro State MA Zip Code 01752

Purpose of Disbursement
Refund contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB20A.111375
Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

3227.00

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

3227.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Re-Elect McGovern Committee

<p>A. Full Name (Last, First, Middle Initial) Arcuri for Congress</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution; House-NY 24-P2008</p> <p>Candidate Name Michael Arcuri</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.111377</p> <p>Date of Disbursement 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Clinton Olde Home Days</p> <p>Mailing Address 25 Dyke Drive</p> <p>City Clinton State MA Zip Code 01510</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.111340</p> <p>Date of Disbursement 07 / 29 / 2008</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) Committee to Elect John Carney</p> <p>Mailing Address 112 N Bedford Street</p> <p>City Georgetown State DE Zip Code 19947</p> <p>Purpose of Disbursement DE-Gubernational Candidate P-2008</p> <p>Candidate Name John Carney</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21.111359</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A.	Full Name (Last, First, Middle Initial) Hastings for Congress	Transaction ID: SB21.111403 Date of Disbursement 07 / 30 / 2008
	Mailing Address PO Box 100277	Amount of Each Disbursement this Period 1000.00
	City Ft. Lauderdale State FL Zip Code 33310	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fed Contribution; House FL-23;P2008	
	Candidate Name Hastings for Congress	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Joe Garcia for Congress	Transaction ID: SB21.111333 Date of Disbursement 07 / 24 / 2008
	Mailing Address 2135 North Bay Road	Amount of Each Disbursement this Period 1000.00
	City Miami Beach State FL Zip Code 33140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fed Contribution;House-FL25;P2008	
	Candidate Name Joe Garcia	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) MASS DEMOCRATIC STATE COMMITTEE	Transaction ID: SB21.111342 Date of Disbursement 07 / 30 / 2008
	Mailing Address 129 Portland Street Suite 301	Amount of Each Disbursement this Period 5000.00
	City Boston State MA Zip Code 02114	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution; excess campaign funds	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Re-Elect McGovern Committee

A. Full Name (Last, First, Middle Initial)
Worcester Community Action Council, Inc.

Mailing Address 484 Main Street, 2nd Floor

City Worcester State MA Zip Code 01608

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.111334

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Worcester Educational Development Council

Mailing Address Room 102, 20 Irving Street

City Worcester State MA Zip Code 01609

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.111396

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

10400.00