

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Elizabeth Childs for Congress Committee

ADDRESS (number and street) ▼

157 Walnut Street

Check if different than previously reported. (ACC)

Brookline

MA

02445

2. **FEC IDENTIFICATION NUMBER** ▼

C C00497974

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

MA

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Ralph Grieco

Signature of Treasurer Ralph Grieco

*[Electronically Filed]*

Date

/  /

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

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

Write or Type Committee Name

**Elizabeth Childs for Congress Committee**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	43028.82	90805.86
(b) Total Contribution Refunds (from Line 20(d)) .....	2500.00	2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	40528.82	88305.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	33712.72	52288.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	33712.72	52288.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	36017.25	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Elizabeth Childs for Congress Committee**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26499.00	57385.00
(ii) Unitemized.....	4385.00	12391.00
(iii) TOTAL of contributions from individuals ▶	30884.00	69776.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10500.00	15500.00
(d) The Candidate.....	1644.82	5529.86
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	43028.82	90805.86
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	43028.82	90805.86

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33712.72	52288.61
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 .....	2500.00	2500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2500.00	2500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	36212.72	54788.61

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	29201.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	43028.82
25. SUBTOTAL (add Line 23 and Line 24).....	72229.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36212.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36017.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

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

Mailing Address 103 Old Colony Road

City Wellesley State MA Zip Code 02481

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

Name of Employer Adolescent Wellness Occupation Executive Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2012

**Transaction ID : SA11AI.4696**

Amount of Each Receipt this Period  
 1000.00

Individual Contribution

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

Mailing Address 231 Washington Street

City Brookline State MA Zip Code 02445

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

Name of Employer Barstow Media Occupation PR Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : SA11AI.4735**

Amount of Each Receipt this Period  
 500.00

Individual Contribution

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

Mailing Address 8 Knollwood Drive

City Dover State MA Zip Code 02030

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

Name of Employer None Occupation None

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : SA11AI.4602**

Amount of Each Receipt this Period  
 200.00

Individual Contribution

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

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

**1700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Cort Boulanger**

Mailing Address 6 East Concord Street

City Boston State MA Zip Code 02118

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

Name of Employer Boulanger Public Affairs Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : SA11AI.4624**

Amount of Each Receipt this Period  
1000.00

Individual Contribution

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

Mailing Address 61 Leavitt

City Hingham State MA Zip Code 02043

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 24 / 2012

**Transaction ID : SA11AI.4667**

Amount of Each Receipt this Period  
250.00

Individual Contribution

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

Mailing Address 12 Monmouth Court

City Brookline State MA Zip Code 02446

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

Name of Employer Joslin Diabetes Center Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.4630**

Amount of Each Receipt this Period  
1000.00

Individual Contribution

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Marion Clouse</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2012	
Mailing Address 59 Monmouth Street		<b>Transaction ID : SA11AI.4685</b>	
City Brookline	State MA	Zip Code 02446	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1450.00		
		Individual Contribution	

Full Name (Last, First, Middle Initial) <b>B. Melvin Clouse</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2012	
Mailing Address 59 Monmouth Street		<b>Transaction ID : SA11AI.4659</b>	
City Brookline	State MA	Zip Code 02446	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.00	
Name of Employer Retired	Occupation Physician		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 249.00		
		Individual Contribution	

Full Name (Last, First, Middle Initial) <b>C. Lawrence Cohn</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 24 / 2012	
Mailing Address 45 Singletree Road		<b>Transaction ID : SA11AI.4666</b>	
City Chestnut Hill	State MA	Zip Code 02467	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Brigham and Women's Hospital	Occupation Physician		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
		Individual Contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1599.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence Cohn**

Mailing Address 45 Singletree Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Occupation  
Brigham and Women's Hospital Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11AI.4742**

Amount of Each Receipt this Period  
500.00

Individual Contribution

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

Mailing Address 900 20th Avenue South

City Nashville State TN Zip Code 37212

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

Name of Employer Occupation  
Vanderbilt University Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : SA11AI.4603**

Amount of Each Receipt this Period  
2475.00

Individual Contribution

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

Mailing Address 35 Braintree Hill Office Park

City Braintree State MA Zip Code 02184

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

Name of Employer Occupation  
M and B Realty Development, LL Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2012

**Transaction ID : SA11AI.4650**

Amount of Each Receipt this Period  
2500.00

Individual Contribution

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

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

5475.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Patricia Flatley</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 07 / 2012	
Mailing Address 35 Braintree Hill Office Park		<b>Transaction ID : SA11AI.4652</b>	
City Braintree	State MA	Zip Code 02184	Amount of Each Receipt this Period 2500.00 Individual Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer M and B Realty Development, LL	Occupation Owner		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>B. David Foster</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 03 / 2012	
Mailing Address 1467 21st Street		<b>Transaction ID : SA11AI.4596</b>	
City Manhattan Beach	State CA	Zip Code 90266	Amount of Each Receipt this Period 1000.00 Individual Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Roaring Bears, Inc.	Occupation Screenwriter		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. M Dozier Gardner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 01 / 2012	
Mailing Address 100 Upland Road		<b>Transaction ID : SA11AI.4681</b>	
City Brookline	State MA	Zip Code 02445	Amount of Each Receipt this Period 250.00 Individual Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3750.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Gryska**

Mailing Address 200 Washington Street

City State Zip Code  
Newton MA 02162

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

Name of Employer Occupation  
Newton Wellesley Surgeons Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 24 / 2012

**Transaction ID : SA11AI.4675**

Amount of Each Receipt this Period  
300.00

Individual Contribution

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

Mailing Address 15 Humbert Avenue

City State Zip Code  
Providence RI 02904

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

Name of Employer Occupation  
None None

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2012

**Transaction ID : SA11AI.4622**

Amount of Each Receipt this Period  
2500.00

Individual Contribution

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

Mailing Address 30 Nardell Road

City State Zip Code  
Newton MA 02459

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

Name of Employer Occupation  
BWH Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 24 / 2012

**Transaction ID : SA11AI.4592**

Amount of Each Receipt this Period  
250.00

Individual Contribution

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

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

3050.00

**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 11 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Jane Hirsh</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2012
Mailing Address 15 Peirce Road		<b>Transaction ID : SA11AI.4730</b>
City Wellesley	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Pharmacist	Individual Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Alfred Houston</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2012
Mailing Address 19 Tanglewood Road		<b>Transaction ID : SA11AI.4697</b>
City Wellesley	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer National Grid USA	Occupation Retired	Individual Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) <b>C. Arthur Kalotkin</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 284 Upland Avenue		<b>Transaction ID : SA11AI.4743</b>
City Brookline	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-employed	Occupation Landlord	Individual Contribution
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	925.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Shari Lecker**

Mailing Address 237 Winchester Street

City State Zip Code  
Brookline MA 02446

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

Name of Employer Occupation  
Pediatric Associates of Medfor Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11AI.4632**

Amount of Each Receipt this Period  
250.00

Individual Contribution

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

Mailing Address 18 Tamarack Lane

City State Zip Code  
Peabody MA 01960

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

Name of Employer Occupation  
Associated Industries of MA President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : SA11AI.4626**

Amount of Each Receipt this Period  
1000.00

Individual Contribution

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

Mailing Address 151 Pine Street

City State Zip Code  
Dover MA 02030

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

Name of Employer Occupation  
Matrix Anesthesia Anesthesiologist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 20 / 2012

**Transaction ID : SA11AI.4590**

Amount of Each Receipt this Period  
250.00

Individual Contribution

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

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Jeff Mueller**

Mailing Address 9121 E. Palm Tree Drive

City State Zip Code  
Scottsdale AZ 85255

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

Name of Employer Occupation  
Mayo Clinic Anesthesiologist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 12 / 2012

**Transaction ID : SA11AI.4677**

Amount of Each Receipt this Period  
500.00

Individual Contribution

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

Mailing Address 65 Rutland Street

City State Zip Code  
Boston MA 02118

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

Name of Employer Occupation  
Beacon Hill Strategies Healthcare Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : SA11AI.4611**

Amount of Each Receipt this Period  
250.00

Individual Contribution

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

Mailing Address 340 Marlborough Street

City State Zip Code  
Boston MA 02115

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2012

**Transaction ID : SA11AI.4750**

Amount of Each Receipt this Period  
500.00

Individual Contribution

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

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**David Perini**

Mailing Address 3 Donnelly Drive

City State Zip Code  
Dover MA 02030

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

Name of Employer Occupation  
Self-employed Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 10 / 2012

**Transaction ID : SA11AI.4579**

Amount of Each Receipt this Period  
500.00

Individual Contribution

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

Mailing Address 3 Powdermill Lane

City State Zip Code  
Southborough MA 01772

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

Name of Employer Occupation  
CAP Anesthesia, PC Anesthesiologist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 19 / 2012

**Transaction ID : SA11AI.4588**

Amount of Each Receipt this Period  
250.00

Individual Contribution

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

Mailing Address 109 Edmunds Road

City State Zip Code  
Wellesley MA 02481

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : SA11AI.4628**

Amount of Each Receipt this Period  
300.00

Individual Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Louis Ricciardi**

Mailing Address P.O. Box 228

City State Zip Code  
Taunton MA 02780

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

Name of Employer Occupation  
Bristol Investment Services Financial Advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11AI.4634**

Amount of Each Receipt this Period  
500.00

Individual Contribution

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

Mailing Address 115 Sewall Avenue

City State Zip Code  
Brookline MA 02446

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

Name of Employer Occupation  
Fuld & Company Inc. Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11AI.4636**

Amount of Each Receipt this Period  
250.00

Individual Contribution

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

Mailing Address 22 Valley Road

City State Zip Code  
Chestnut Hill MA 02467

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

Name of Employer Occupation  
Roslindale Pediatrics Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 02 / 2012

**Transaction ID : SA11AI.4716**

Amount of Each Receipt this Period  
750.00

Individual Contribution

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Theresa Scheff</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 14 / 2012	
Mailing Address 22 Valley Road		<b>Transaction ID : SA11AI.4725</b>	
City Chestnut Hill	State MA	Zip Code 02467	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Nurse		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. John Sivoilella</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 17 / 2012	
Mailing Address 85 Monadnock Road		<b>Transaction ID : SA11AI.4704</b>	
City Wellesley	State MA	Zip Code 02481	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Columbia University	Occupation Academic		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Leslie Stacks</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 17 / 2012	
Mailing Address 6 Ellis		<b>Transaction ID : SA11AI.4600</b>	
City West Newton	State MA	Zip Code 02465	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer L. Bornstein & Co.	Occupation Business owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	1250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Natalie Starr**

Mailing Address 42 Lincoln Road

City Wellesley State MA Zip Code 02481

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

Name of Employer Self-employed Occupation Writer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2012

**Transaction ID : SA11AI.4692**

Amount of Each Receipt this Period  
 450.00

Individual Contribution

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

Mailing Address 518 East Passaic Avenue

City Bloomfield State NJ Zip Code 07003

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

Name of Employer Self-employed Occupation Investment Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2012

**Transaction ID : SA11AI.4700**

Amount of Each Receipt this Period  
 500.00

Individual Contribution

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

Mailing Address 22 Salem Street

City Wellesley State MA Zip Code 02481

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

Name of Employer Retired Occupation Investments

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2012

**Transaction ID : SA11AI.4718**

Amount of Each Receipt this Period  
 250.00

Individual Contribution

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

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

1200.00

26499.00

**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 18 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

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

Mailing Address **1000 WILSON BOULEVARD  
SUITE 1825**

City **ARLINGTON** State **VA** Zip Code **22209**

FEC ID number of contributing federal political committee. **C C00373696**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 03 / 2012**

**Transaction ID : SA11C.4749**

Amount of Each Receipt this Period  
**2500.00**

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
**American Society of Anesthesiologists Political Action Committee**

Mailing Address **520 N. Northwest Highway**

City **Park Ridge** State **IL** Zip Code **60068**

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11C.4737**

Amount of Each Receipt this Period  
**5000.00**

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAJORITY FOR CHOICE**

Mailing Address **1900 L STREET NW  
SUITE 320**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00346635**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 28 / 2012**

**Transaction ID : SA11C.4746**

Amount of Each Receipt this Period  
**1500.00**

PAC Contribution

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

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

**9000.00**

**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 19 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**WOMEN'S CAMPAIGN FORUM**

Mailing Address 1900 L STREET NW, SUITE 500

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00424150

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11C.4738**

Amount of Each Receipt this Period  
 1500.00

PAC Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1500.00

10500.00

**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 OF 37
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Childs**

Mailing Address 157 Walnut

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing federal political committee. **C H2MA04040**

Name of Employer Occupation  
Elizabeth Childs M.D., P.C. Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3922.23**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 15 2012**

**Transaction ID : SA11D.4797**

Amount of Each Receipt this Period  
**37.19**

In-kind - monthly Constant Contact paid for by candidate

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

Mailing Address 157 Walnut

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing federal political committee. **C H2MA04040**

Name of Employer Occupation  
Elizabeth Childs M.D., P.C. Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4082.18**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 21 2012**

**Transaction ID : SA11D.4800**

Amount of Each Receipt this Period  
**159.95**

In-kind - Bertucci's food for campaign event paid for by candidate

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

Mailing Address 157 Walnut

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing federal political committee. **C H2MA04040**

Name of Employer Occupation  
Elizabeth Childs M.D., P.C. Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4110.57**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 27 2012**

**Transaction ID : SA11D.4805**

Amount of Each Receipt this Period  
**28.39**

In-kind - payment to Verizon for campaign phone line

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

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

**225.53**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Childs**

Mailing Address 157 Walnut

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing federal political committee. **C H2MA04040**

Name of Employer Occupation  
Elizabeth Childs M.D., P.C. Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4147.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012

**Transaction ID : SA11D.4798**

Amount of Each Receipt this Period  
**37.19**

In-kind - monthly Constant Contact paid for by candidate

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

Mailing Address 157 Walnut

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing federal political committee. **C H2MA04040**

Name of Employer Occupation  
Elizabeth Childs M.D., P.C. Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4155.57**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2012

**Transaction ID : SA11D.4809**

Amount of Each Receipt this Period  
**7.81**

In-kind - payment to Staples for campaign office supplies

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

Mailing Address 157 Walnut

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing federal political committee. **C H2MA04040**

Name of Employer Occupation  
Elizabeth Childs M.D., P.C. Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4183.96**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2012

**Transaction ID : SA11D.4806**

Amount of Each Receipt this Period  
**28.39**

In-kind - payment to Verizon for campaign phone line

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

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

**73.39**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Elizabeth Childs**

Mailing Address 157 Walnut

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing federal political committee. **C H2MA04040**

Name of Employer Occupation  
Elizabeth Childs M.D., P.C. Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5229.31**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 12 2012**

**Transaction ID : SA11D.4808**

Amount of Each Receipt this Period  
**1045.35**

In-kind - payment to Omni Parker House Hotel for meeting space

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

Mailing Address 157 Walnut

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing federal political committee. **C H2MA04040**

Name of Employer Occupation  
Elizabeth Childs M.D., P.C. Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5256.28**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 14 2012**

**Transaction ID : SA11D.4815**

Amount of Each Receipt this Period  
**26.97**

In-kind - payment to 1 and 1 for internet website fees

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

Mailing Address 157 Walnut

City State Zip Code  
Brookline MA 02445

FEC ID number of contributing federal political committee. **C H2MA04040**

Name of Employer Occupation  
Elizabeth Childs M.D., P.C. Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5293.47**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 15 2012**

**Transaction ID : SA11D.4799**

Amount of Each Receipt this Period  
**37.19**

In-kind - monthly Constant Contact paid for by candidate

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

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

**1109.51**

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 37
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>Elizabeth Childs</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2012
Mailing Address 157 Walnut		<b>Transaction ID : SA11D.4794</b>
City Brookline	State MA	
Zip Code 02445		Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C H2MA04040		In-kind - Acela Train Fare for candidate
Name of Employer Elizabeth Childs M.D., P.C.	Occupation Physician	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5501.47	

Full Name (Last, First, Middle Initial) <b>Elizabeth Childs</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2012
Mailing Address 157 Walnut		<b>Transaction ID : SA11D.4807</b>
City Brookline	State MA	
Zip Code 02445		Amount of Each Receipt this Period 28.39
FEC ID number of contributing federal political committee. C H2MA04040		In-kind - payment to Verizon for campaign phone line
Name of Employer Elizabeth Childs M.D., P.C.	Occupation Physician	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5529.86	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	236.39
<b>TOTAL</b> This Period (last page this line number only).....	1644.82

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 37		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Lisa Barstow</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 231 Washington Street		Amount of Each Disbursement this Period 1426.25 <b>Transaction ID : SB17.4770</b>
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Payment for campaign public relations consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Lisa Barstow</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address 231 Washington Street		Amount of Each Disbursement this Period 1137.50 <b>Transaction ID : SB17.4779</b>
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Payment for campaign public relations consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Lisa Barstow</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 231 Washington Street		Amount of Each Disbursement this Period 1388.75 <b>Transaction ID : SB17.4783</b>
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Payment for campaign public relations consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3952.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Lisa Barstow</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2012
Mailing Address 231 Washington Street		Amount of Each Disbursement this Period 1863.75 <b>Transaction ID : SB17.4789</b>
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Payment for campaign public relations consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Lisa Barstow</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2012
Mailing Address 231 Washington Street		Amount of Each Disbursement this Period 273.66 <b>Transaction ID : SB17.4790</b>
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Reimbursement for printing and office supply purchase	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Cort Boulanger</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2012
Mailing Address 6 East Concord Street		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4760</b>
City Boston	State MA	
Zip Code 02118	Purpose of Disbursement Payment for campaign strategy and public affairs consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3137.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 37		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Cort Boulanger</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2012
Mailing Address 6 East Concord Street		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4780</b>
City Boston	State MA	
Zip Code 02118	Purpose of Disbursement Payment for campaign strategy and public affairs consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Cort Boulanger</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2012
Mailing Address 6 East Concord Street		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4791</b>
City Boston	State MA	
Zip Code 02118	Purpose of Disbursement Payment for campaign strategy and public affairs consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Joe Brava</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2012
Mailing Address 1501 Windsor Drive		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4776</b>
City Framingham	State MA	
Zip Code 01701	Purpose of Disbursement Payment for campaign field work consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Joe Brava</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2012
Mailing Address 1501 Windsor Drive		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4785</b>
City Framingham	State MA	
Zip Code 01701	Purpose of Disbursement Payment for campaign field work consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Brookline Education Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 40 Webster Place		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4781</b>
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Payment for entry fee to local event	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Elizabeth Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2012
Mailing Address 157 Walnut		Amount of Each Disbursement this Period 159.95 <b>Transaction ID : SB17.4801</b>
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement In-kind - Bertucci's food for campaign event paid for by candidate	Category/ Type 007
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2959.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address 157 Walnut		Amount of Each Disbursement this Period 28.39
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement In-kind - payment to Verizon for campaign phone line	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MA District: 04		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2012
Mailing Address 157 Walnut		Amount of Each Disbursement this Period 37.19
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement In-kind - monthly Constant Contact paid for by candidate	Category/ Type 003
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MA District: 04		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012
Mailing Address 157 Walnut		Amount of Each Disbursement this Period 7.81
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement In-kind - payment to Staples for campaign office supplies	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MA District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	73.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Childs</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2012
Mailing Address 157 Walnut		Amount of Each Disbursement this Period 28.39
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement In-kind - payment to Verizon for campaign phone line	<b>Transaction ID : SB17.4813</b>
Candidate Name	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 04		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Childs</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2012
Mailing Address 157 Walnut		Amount of Each Disbursement this Period 1045.35
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement In-kind - payment to Omni Parker House Hotel for meeting space	<b>Transaction ID : SB17.4811</b>
Candidate Name	Category/Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 04		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Childs</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2012
Mailing Address 157 Walnut		Amount of Each Disbursement this Period 26.97
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement In-kind - payment to 1 and 1 for internet website fees	<b>Transaction ID : SB17.4816</b>
Candidate Name	Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1100.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 157 Walnut		Amount of Each Disbursement this Period 37.19 <b>Transaction ID : SB17.4802</b>
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement In-kind - monthly Constant Contact paid for by candidate	Category/ Type 003
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 04	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 157 Walnut		Amount of Each Disbursement this Period 208.00 <b>Transaction ID : SB17.4795</b>
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement In-kind - Acela Train Fare for candidate	Category/ Type 002
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 04	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 157 Walnut		Amount of Each Disbursement this Period 28.39 <b>Transaction ID : SB17.4812</b>
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement In-kind - payment to Verizon for campaign phone line	Category/ Type 001
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	273.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Aaron Butler D'Elia</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2012		
Mailing Address 1 Emerson Place Apartment 14D			Amount of Each Disbursement this Period 12000.00		
City Boston	State MA	Zip Code 02114	Transaction ID : <b>SB17.4759</b>		
Purpose of Disbursement Payment for campaign strategy and public affairs consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. ElectionMall Technologies, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012		
Mailing Address 1101 Pennsylvania Avenue NW 6th Floor			Amount of Each Disbursement this Period 1110.05		
City Washington	State DC	Zip Code 20004	Transaction ID : <b>SB17.4792</b>		
Purpose of Disbursement Payment for online donation credit card and transaction fees		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Robert Eno</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2012		
Mailing Address 43 Shirley Road			Amount of Each Disbursement this Period 720.00		
City Shrewsbury	State MA	Zip Code 01545	Transaction ID : <b>SB17.4756</b>		
Purpose of Disbursement Payment for web advertisement on RedMassGroup.com		Category/ Type 004			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	13830.05
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 37		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Robert Eno</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address 43 Shirley Road		Amount of Each Disbursement this Period 720.00 <b>Transaction ID : SB17.4778</b>
City Shrewsbury	State MA	
Zip Code 01545		Category/ Type 004
Purpose of Disbursement Payment for web advertisement on RedMassGroup.com		
Candidate Name		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Fade to Black Productions</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2012
Mailing Address 1 Emerson Place 6H		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4766</b>
City Boston	State MA	
Zip Code 02114		Category/ Type 004
Purpose of Disbursement Payment for campaign video production		
Candidate Name		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Fade to Black Productions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012
Mailing Address 1 Emerson Place 6H		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4784</b>
City Boston	State MA	
Zip Code 02114		Category/ Type 004
Purpose of Disbursement Payment for campaign video work		
Candidate Name		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1720.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2012
Mailing Address 450 Providence Highway		Amount of Each Disbursement this Period 15.67
City Dedham	State MA	
Zip Code 02026	Purpose of Disbursement Payment for office supplies	<b>Transaction ID : SB17.4774</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2012
Mailing Address 450 Providence Highway		Amount of Each Disbursement this Period 15.67
City Dedham	State MA	
Zip Code 02026	Purpose of Disbursement Payment for office supplies	<b>Transaction ID : SB17.4775</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Union Print Works</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2012
Mailing Address 1193 River Street		Amount of Each Disbursement this Period 187.00
City Hyde Park	State MA	
Zip Code 02136	Purpose of Disbursement Payment for printing of campaign materials	<b>Transaction ID : SB17.4763</b>
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	218.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 37		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Union Print Works</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2012
Mailing Address 1193 River Street		Amount of Each Disbursement this Period 239.06 <b>Transaction ID : SB17.4765</b>
City Hyde Park	State MA	
Zip Code 02136	Purpose of Disbursement Payment for printing of campaign materials	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Union Print Works</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 1193 River Street		Amount of Each Disbursement this Period 52.59 <b>Transaction ID : SB17.4771</b>
City Hyde Park	State MA	
Zip Code 02136	Purpose of Disbursement Payment for printing of campaign materials	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Union Print Works</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 1193 River Street		Amount of Each Disbursement this Period 332.03 <b>Transaction ID : SB17.4773</b>
City Hyde Park	State MA	
Zip Code 02136	Purpose of Disbursement Payment for printing of campaign materials	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	623.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Union Print Works</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 1193 River Street		Amount of Each Disbursement this Period 377.19
City Hyde Park	State MA	
Zip Code 02136		
Purpose of Disbursement Payment for printing of campaign materials		Category/ Type 006
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Union Print Works</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 1193 River Street		Amount of Each Disbursement this Period 455.13
City Hyde Park	State MA	
Zip Code 02136		
Purpose of Disbursement Payment for printing of campaign materials		Category/ Type 006
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. US Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2012
Mailing Address 207 Washington Street		Amount of Each Disbursement this Period 264.00
City Brookline	State MA	
Zip Code 02445		
Purpose of Disbursement Payment for stamps		Category/ Type 003
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1096.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 37		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. US Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012
Mailing Address 207 Washington Street		Amount of Each Disbursement this Period 90.00
City Brookline	State MA	
Purpose of Disbursement Payment for stamps	Zip Code 02445	<b>Transaction ID : SB17.4772</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	33575.93

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

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

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NAME OF COMMITTEE (In Full)  
**Elizabeth Childs for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Roger Servison</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2012
Mailing Address 59 Codman Road		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.4753</b>
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Refund of individual contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

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

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

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