

CERTIFIED MAIL

OCT 11 1984

REPORTS OF RECEIPTS AND DISBURSEMENTS
For Authorized Committee

(Summary Page)

ALIGN AREA

ALIGN AREA

1. Name of Committee (in Full)

ROTONDI FOR CONGRESS

Address (Number and Street)

27 Church Street

City, State and Zip Code

Winchester, MA 01890

2. FEC Identification Number

108839

3. Is this Report an Amendment?

☐ YES ☒ NO

☒ Check if address is different than previously reported.

4.

TYPE OF REPORT

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Twelfth day report preceding

election on _____ in the State of _____

☐ Thirtieth day report following the General Election of

_____ in the State of _____

☐ Termination Report

This report contains activity for — ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period **8-30-84** through **9-30-84**

6. Net Contributions (other than loans)

(a) Total Contributions (other than loans) (From Line 11 (e))

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

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

7. Net Operating Expenditures

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

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

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

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

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

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

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

70,278.00

336,151.08

0

2,510.00

70,278.00

333,641.08

136,740.46

410,137.95

3,300.00

3,317.00

133,440.46

406,820.95

19.27

0

73,291.03

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

For further information, contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-523-4068

CHARLES D. ROTONDI

Type or Print Name of Treasurer

Charles D. Rotondi
SIGNATURE OF TREASURER

10/10/84
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.

All previous versions of FEC FORM 3 and FEC FORM 3a are obsolete and should no longer be used.

FEC FORM 3 (3/80)

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in Full) ROTONDI FOR CONGRESS		Report Covering the Period: From: 8/30/84 To: 9/30/84	
		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. RECEIPTS			
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees	69,788.00	331,990.00	11 (a)
(Memo Entry Unitemized \$ 31,698.00)	0	0	11 (b)
(b) Political Party Committees	490.00	2,960.00	11 (c)
(c) Other Political Committees	0	1,201.08	11 (d)
(d) The Candidate	70,278.00	336,151.08	11 (e)
(e) TOTAL CONTRIBUTIONS (other than loans (add 11 (a), 11 (b), 11 (c) and 11 (d)).	0	0	12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES			
13. LOANS:			
(a) Made or Guaranteed by the Candidate	50,000.00	72,500.00	13 (a)
(b) All Other Loans	0	1,520.00	13 (b)
(c) TOTAL LOANS (add 13 (a) and 13 (b)).	50,000.00	74,020.00	13 (c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	3,300.00	3,317.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0	15
16. TOTAL RECEIPTS (add 11 (e), 12, 13 (c), 14 and 15)	123,578.00	413,488.08	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	136,740.46	410,137.95	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	0	0	19 (a)
(b) Of All Other Loans	0	820.86	19 (b)
(c) TOTAL LOAN REPAYMENTS (add 19 (a) and 19 (b))	0	820.86	19 (c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	0	40.00	20 (a)
(b) Political Party Committees	0	0	20 (b)
(c) Other Political Committees	0	2,470.00	20 (c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20 (a), 20 (b), and 20 (c))	0	2,510.00	20 (d)
21. OTHER DISBURSEMENTS	0	0	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19 (c), 20 (d) and 21)	136,740.46	413,468.81	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	13,181.73	23
24. TOTAL RECEIPTS THIS PERIOD (From Line 16)	\$	123,578.00	24
25. SUBTOTAL (Add Line 23 and Line 24)	\$	136,759.73	25
26. TOTAL DISBURSEMENTS THIS PERIOD (From Line 22)	\$	136,740.46	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 26 from 25)	\$	19.27	27

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SCHEDULE A

ITEMIZED RECEIPTS

Page 1 of 18 for
LINE NUMBER 11a
(Use separate schedule(s) for each
category of the Detailed
Summary Page)

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Name of Committee (in Full) ROTONDI FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code John L. Abbott 597 Washington Street Winchester, MA 01890		Name of Employer Self-Employed Occupation Attorney	Date (month, day, year) 9/7/84 9/7/84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Amount of Each Receipt this Period 100.00 100.00	
B. Full Name, Mailing Address and ZIP Code Alvin B. Allen 131 State Street Boston, MA 02109		Name of Employer Allen Associates Occupation Business Executive	Date (month, day, year) 9/10/84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Amount of Each Receipt This Period 250.00	
C. Full Name, Mailing Address and ZIP Code William F. Allen, Jr. 47 Daniel Road Braintree, MA 02184		Name of Employer Information Requested Occupation	Date (month, day, year) 9/13/84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Amount of Each Receipt This Period 300.00	
D. Full Name, Mailing Address and ZIP Code Arthur D. Altman 201 Devonshire Street Boston, MA 02110		Name of Employer Self-Employed Occupation Attorney	Date (month, day, year) 9/7/84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Amount of Each Receipt This Period 500.00	
E. Full Name, Mailing Address and ZIP Code Carmella Arcail 142 Forest Street Winchester, MA 01890		Name of Employer Mass. Eye & Ear Infirmary Occupation Nurse/Anesthetist	Date (month, day, year) 9/4/84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Amount of Each Receipt This Period 500.00	
F. Full Name, Mailing Address and ZIP Code Leonard J. Aronson P.O. Box 245 Brookline, MA 02146		Name of Employer Self-Employed Occupation Real Estate	Date (month, day, year) 9/7/84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Amount of Each Receipt This Period 500.00	
G. Full Name, Mailing Address and ZIP Code Peter J. Aucella 42 Fellsmere Road Malden, MA 02148		Name of Employer City of Lowell Occupation Government	Date (month, day, year) 9/7/84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Amount of Each Receipt This Period 100.00	
SUSTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

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SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in Full) **ROTONDI FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code Andrew Bagley 79 Quincy Avenue Winthrop, MA 02152 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Consultant Aggregate Year-to-Date—\$ 1,000.00	Date (month, day, year) 9/6/84	Amount of Each Receipt this Period 800.00
B. Full Name, Mailing Address and ZIP Code Charles Dewey Barham, Jr. 5313 Parkwood Drive Raleigh, NC 27612 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Carolina Power & Light Co. Occupation Attorney Aggregate Year-to-Date—\$ 400.00	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 100.00
C. Full Name, Mailing Address and ZIP Code Jerry E. Benezra 340 Porter Street Melrose, MA 02176 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date—\$ 240.00	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 100.00
D. Full Name, Mailing Address and ZIP Code Theodore S. Berenson 66 Long Wharf Boston, MA 02110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Aggregate Year-to-Date—\$ 500.00	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 500.00
E. Full Name, Mailing Address and ZIP Code George H. Berkowitz 33 Everett Street Allston, MA 02134 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Legal Seafoods, Inc. Occupation Owner Aggregate Year-to-Date—\$ 500.00	Date (month, day, year) 9/19/84	Amount of Each Receipt This Period 500.00
F. Full Name, Mailing Address and ZIP Code Joseph C. Bifano 26 Chilton Street Brookline, MA 02146 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer James H Boyle & Son, Inc. Occupation Contractor Aggregate Year-to-Date—\$ 500.00	Date (month, day, year) 9/11/84	Amount of Each Receipt This Period 500.00
G. Full Name, Mailing Address and ZIP Code Joan Bok 53 Pinckney Street Boston, MA 02114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N.E. Electric System Occupation Executive Aggregate Year-to-Date—\$ 550.00	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 100.00
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Name of Committee (in Full)

ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code John Bok 53 Pinckney Street Boston, MA 02114	Name of Employer Saphler & Bok Occupation Attorney	Date (month, day, year) 9/10/84	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 750.00		
B. Full Name, Mailing Address and ZIP Code Edward A. Bond 145 Spring Street Everett, M A 02149	Name of Employer Bond Brothers, Inc. Occupation Chmn. of Board	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Frank H. Brenton P.O. Box 5417, Magnolia Station Gloucester, MA 01930-0006	Name of Employer Marshalls Occupation President	Date (month, day, year) 9/4/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$300.00		
D. Full Name, Mailing Address and ZIP Code Lawrence C. Brown, Jr. 6300 Heritage Landing Court Burke, VA 22015	Name of Employer 7001 Ltd. Occupation President	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
E. Full Name, Mailing Address and ZIP Code Kevin M. Burke 66 Boyles Street Beverly, MA 01915	Name of Employer Essex County Occupation District Attorney	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 350.00		
F. Full Name, Mailing Address and ZIP Code Katherine M. Cameron 7 Lake Street Wakefield, MA 01880	Name of Employer EB Rotondi & Sons, Inc. Occupation Secretary	Date (month, day, year) 9/13/84	Amount of Each Receipt This Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$300.00		
G. Full Name, Mailing Address and ZIP Code Frank Capaldi 204 Dexter Avenue Watertown, MA 02172	Name of Employer Information Requested Occupation	Date (month, day, year) 9/13/84	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
SUBTOTAL of Receipts This Page (optional)			
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Name of Committee (in Full) ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code John T. Cinella, Jr. 1 Kimball Court Melrose, MA 02176 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Killam & Cinella Occupation Attorney Aggregate Year-to-Date—\$ 220.00	Date (month, day, year) 9/7/84	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code Ross Clouston Hesperus Avenue Magnolia, MA 01930 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 250.00
C. Full Name, Mailing Address and ZIP Code Katherine Coakley 90 Pleasant Street Woburn, MA 01801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 200.00
D. Full Name, Mailing Address and ZIP Code Helen Corbett 8 Chestnut Street Danvers, MA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hamilton-Wenham Reg. School District Occupation Teacher Aggregate Year-to-Date—\$ 500.00	Date (month, day, year) 9/4/84 9/13/84	Amount of Each Receipt This Period 200.00 200.00
E. Full Name, Mailing Address and ZIP Code Christopher R. Coviello 10 Fletcher Road Lynnfield, MA 01940 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pavements, Inc. Occupation President Aggregate Year-to-Date—\$ 720.00	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 200.00
F. Full Name, Mailing Address and ZIP Code Dorothy M. Cullen 78 Bacon Street Winchester, MA 01890 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation Housewife Aggregate Year-to-Date—\$ 265.00	Date (month, day, year) 9/4/84 9/17/84	Amount of Each Receipt This Period 25.00 200.00
G. Full Name, Mailing Address and ZIP Code Joseph Curnane, Jr. 516 Broadway Everett, MA 02149 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation	Date (month, day, year) 9/6/84	Amount of Each Receipt This Period 100.00
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Name of Committee (in Full) ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Jane S. Daniels 12 Gray Road Andover, MA 01810 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dr. Arthur Daniels Occupation Office Mgr. Pt/Time Aggregate Year-to-Date--\$500.00	Date (month, day, year) 9/14/84	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Frank P. D'Annolfo 68 Main Street Stoneham, MA 02180 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer D'Annolfo Corp. Occupation Aggregate Year-to-Date--\$ 250.00	Date (month, day, year) 9/21/84	Amount of Each Receipt This Period 250.00
C. Full Name, Mailing Address and ZIP Code Sandra L. DeLourey 439 S. Main Street Andover, MA 01810 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Aggregate Year-to-Date--\$ 600.00	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 500.00
D. Full Name, Mailing Address and ZIP Code Eleanor DePasquale 372 Main Street Medford, MA 02155 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation Housewife Aggregate Year-to-Date--\$ 600.00	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 100.00
E. Full Name, Mailing Address and ZIP Code Merrill H. Diamond 34 Emerson Street Brookline, MA 02146 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Aggregate Year-to-Date--\$250.00	Date (month, day, year) 8/30/84	Amount of Each Receipt This Period 250.00
F. Full Name, Mailing Address and ZIP Code John P. DiIorio 32 Karetin Circle Andover, MA 01810 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Aggregate Year-to-Date--\$ 250.00	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 250.00
G. Full Name, Mailing Address and ZIP Code Rudolph G. DiLuzio 14 Flint Avenue Stoneham, MA 02180 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dynatrend, Inc. Occupation Vice President Aggregate Year-to-Date--\$ 500.00	Date (month, day, year) 9/14/84	Amount of Each Receipt This Period 200.00
SUBTOTAL of Receipts This Page (optional)			
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ITEMIZED RECEIPTS

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A. Full Name, Mailing Address and ZIP Code Arthur DiMartino 35 Baskin Road Lexington, MA 02173 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Trammell Crow Co. Occupation Partner Aggregate Year-to-Date—\$ 250.00	Date (month, day, year) 9/21/84	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Christopher DiMeo 16 Brookridge Road Stoneham, MA 02180 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Aggregate Year-to-Date—\$ 250.00	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 50.00
C. Full Name, Mailing Address and ZIP Code A.L.M. Dingee, Jr. 9 Madison Avenue Winchester, MA 01890 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested Occupation Aggregate Year-to-Date—\$ 400.00	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 400.00
D. Full Name, Mailing Address and ZIP Code Paul Donato 48 Maurice Street Medford, MA 02155 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City of Medford Occupation Mayor Aggregate Year-to-Date—\$ 250.00	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 150.00
E. Full Name, Mailing Address and ZIP Code Henry Eichelroth 34 Yerxa Road Arlington, MA 02174 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sears Occupation Head Shipper Aggregate Year-to-Date—\$ 565.00	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 25.00
F. Full Name, Mailing Address and ZIP Code Joseph M. Farley 3333 Dell Road Birmingham, AL 35223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Southern Co. Occupation Executive Aggregate Year-to-Date—\$ 250.00	Date (month, day, year) 9/4/84	Amount of Each Receipt This Period 250.00
G. Full Name, Mailing Address and ZIP Code Brent H. Farmer 20 Cedar Hill Road Dover, MA 02030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mastory Education Corp. Occupation President Aggregate Year-to-Date—\$ 500.00	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 500.00
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

32
83
00
70
12
40
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SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in Full) **ROTONDI FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code Michael E. Festa 127 Boston Rock Road Melrose, MA 02176	Name of Employer Self-Employed Occupation Attorney	Date (month, day, year) 9/7/84 9/17/84	Amount of Each Receipt this Period 50.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 400.00		
B. Full Name, Mailing Address and ZIP Code Joseph Fitzgibbons 316 Essex Street Lawrence, MA 01840	Name of Employer Self-Employed Occupation Attorney	Date (month, day, year) 9/13/84	Amount of Each Receipt This Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 300.00		
C. Full Name, Mailing Address and ZIP Code Artamia J. Fulchino 33 Kilburn Street Revere, MA 02151	Name of Employer N/A Occupation Housewife	Date (month, day, year) 9/6/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 340.00		
D. Full Name, Mailing Address and ZIP Code Richard B. Gallagher 6 Oakland Avenue Arlington, MA 02174	Name of Employer EB Rotondi & Sons, Inc. Occupation Supervisor	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 25.00 35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$270.00		
E. Full Name, Mailing Address and ZIP Code Richard A. Gargiulo 1 Court Street Boston, MA 02108	Name of Employer Gargiulo & McMenimen Occupation Attorney	Date (month, day, year) 9/14/84	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
F. Full Name, Mailing Address and ZIP Code William J. Gaunt 100 Belle Avenue Medford, MA 02155	Name of Employer Toyota of Boston Occupation President	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$1000.00		
G. Full Name, Mailing Address and ZIP Code Paul J. Georg (information requested)	Name of Employer Art Realty Co. Occupation	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

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SCHEDULE A

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Any information copied from such Reports or 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) ROTONDI FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code Steven Georgiev c/o Dynatrend 21 Cabot Street Woburn, MA 01801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Dynatrend	9/14/84	
	Occupation President		
Aggregate Year-to-Date—\$ 500.00			
B. Full Name, Mailing Address and ZIP Code Eldon D. Goodhue 37 Main Street Topsfield, MA 01983 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Self-Employed	9/7/84	
	Occupation Attorney		
Aggregate Year-to-Date—\$ 500.00			
C. Full Name, Mailing Address and ZIP Code W. E. Graham, JR. 409 Hillandale Drive Raleigh, NC 27609 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Carolina Power & Light Co.	9/14/84	
	Occupation Exec. Vice President		
Aggregate Year-to-Date—\$ 650.00			
D. Full Name, Mailing Address and ZIP Code William Hood 15 Sheffield Road Winchester, MA 01890 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Hood Coatings	9/7/84	
	Occupation Owner		
Aggregate Year-to-Date—\$ 380.00			
E. Full Name, Mailing Address and ZIP Code Kenneth R. Ivester, II 295 Elm Street No. Reading, MA 01864 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Information Requested	9/13/84	
	Occupation	9/19/84	
Aggregate Year-to-Date—\$ 900.00			
F. Full Name, Mailing Address and ZIP Code Leo Kahn 180 Kent Road Waban, MA 02168 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Information Requested	9/11/84	
	Occupation		
Aggregate Year-to-Date—\$ 500.00			
G. Full Name, Mailing Address and ZIP Code George N. Keches 1 Taunton Green Taunton, MA 02780 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Wynn & Wynn, PC	9/7/84	
	Occupation Attorney		
Aggregate Year-to-Date—\$ 350.00			
SUBTOTAL of Receipts This Page (optional)			
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Name of Committee (in Full) ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Richard J. Kelly	Name of Employer information requested Occupation	Date (month, day, year) 9/7/84	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
B. Full Name, Mailing Address and ZIP Code John J. Kennefick 6 Windsong Lane Winchester, MA 01890	Name of Employer Self-Employed Occupation Contractor	Date (month, day, year) 9/14/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Bertha S. Kline 33 Larchmont Avenue Waban, MA 02168	Name of Employer Information Requested Occupation	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Leonard M. Krulwich 70 Mt. Vernon Street Boston, MA 02108	Name of Employer Self-Employed Occupation Attorney	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 800.00		
E. Full Name, Mailing Address and ZIP Code Bernard LaVita 32 Lucaya Circle Wilmington, MA 01887	Name of Employer M.B.T.A. Occupation Resident Engineer	Date (month, day, year) 9/6/84 9/10/84	Amount of Each Receipt This Period 120.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 350.00		
F. Full Name, Mailing Address and ZIP Code James F. Lawton, Jr. 24 Hallmark Drive Woburn, MA 01801	Name of Employer Loring & Cullen Occupation Attorney	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$250.00		
G. Full Name, Mailing Address and ZIP Code Eugene J. Leahy, Jr. 776 Beacon Street Newton Centre, MA 02159	Name of Employer Leahy's Exxon Service Center Occupation Owner	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 420.00		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

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Any information copied from such Reports or 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) ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Russell H. Lee 3413 Huckabay Cir. Raleigh, NC		Name of Employer Carolina Power & Light Occupation Sr. V.P. Customer & Operating Serv. Aggregate Year-to-Date—\$ 350.00	Date (month, day, year) 9/14/84	Amount of Each Receipt This Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
B. Full Name, Mailing Address and ZIP Code Lawrence P. LeFebre 76 Salem Street Lawrence, MA 01843		Name of Employer Information Requested Occupation	Date (month, day, year) 9/14/84	Amount of Each Receipt This Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date—\$ 400.00		
C. Full Name, Mailing Address and ZIP Code Alan M. Leventhal 30 Commonwealth Avenue Boston, MA 02116		Name of Employer The Beacon Companies Occupation Sr. Vice President Aggregate Year-to-Date—\$ 1,000.00	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
D. Full Name, Mailing Address and ZIP Code Floyd W. Lewis 5557 Berkley Drive New Orleans, LA 70114		Name of Employer Middle South Services Occupation Businessman Aggregate Year-to-Date—\$ 300.00	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
E. Full Name, Mailing Address and ZIP Code Edward G. Lilly, Jr. P.O. Box 1551 Raleigh, NC 27602		Name of Employer Carolina Power & Light Occupation Exec. Vice President Aggregate Year-to-Date—\$ 650.00	Date (month, day, year) 9/14/84	Amount of Each Receipt This Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
F. Full Name, Mailing Address and ZIP Code Anthony LoBell		Name of Employer information requested Occupation	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date—\$ 250.00		
G. Full Name, Mailing Address and ZIP Code Phyllis Lyons 16 Egerton Road Arlington, MA 02174		Name of Employer Information Requested Occupation	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date—\$ 540.00		
SUBTOTAL of Receipts This Page (optional)				
TOTAL This Period (last page this line number only)				

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Name of Committee (in Full) ROTONDI FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code William Q. MacLean 22 William Street Fairhaven, MA 02719	Name of Employer Commonwealth of Mass. Occupation State Senator	Date (month, day, year) 9/10/84	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$ 250.00		
B. Full Name, Mailing Address and ZIP Code John J. Mahoney 201 Lowell Street Wilmington, MA 01887	Name of Employer Avco Occupation President	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$1,000.00		
C. Full Name, Mailing Address and ZIP Code James P. Mantini 118 Garfield Avenue Woburn, MA 01801	Name of Employer Information Requested Occupation	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$ 300.00		
D. Full Name, Mailing Address and ZIP Code Louis P. Massaro, Jr. 1 Beacon Street Boston, MA 02108	Name of Employer Parker, Coulter, Daley & White Occupation Attorney	Date (month, day, year) 9/11/84	Amount of Each Receipt This Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$ 400.00		
E. Full Name, Mailing Address and ZIP Code M.A. McDuffie 3405 Doyle Road Raleigh, NC 27607	Name of Employer Carolina Power & Light Occupation Executive	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$ 400.00		
F. Full Name, Mailing Address and ZIP Code Francis P. McHugh, Jr. 69 Warren Avenue Woburn, MA 01801	Name of Employer Self-Employed Occupation Attorney	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$ 500.00		
G. Full Name, Mailing Address and ZIP Code John McLaughlin 8 Frances Road Woburn, MA 01801	Name of Employer Bicknell Associates Occupation	Date (month, day, year) 9/11/84	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date-\$ 250.00		
SUBTOTAL of Receipts This Page (optional)			
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Name of Committee (in Full) **ROTONDI FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. McLaughlin 81 Wellesley Road Belmont, MA 02178	Gilman, McLaughlin & Hanrahan Occupation Attorney	9/7/84	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Michael Mone 75 Federal Street Boston, MA 02110	Esdaile, Barrett & Esdaile Occupation Attorney	9/17/84	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Dennis J. Morgan 2440 Centre St. W. Roxbury, MA 02132	Morgan Assoc. Ltd Occupation President	9/10/84	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 725.00		
D. Full Name, Mailing Address and ZIP Code Joseph R. Mullins 300 Highland Street Milton, MA 02186	Information Requested Occupation	9/14/84	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 300.00		
E. Full Name, Mailing Address and ZIP Code Vincent A. Murray, Jr. 1 Court Street, Suite 500 Boston, MA 02108	Self-Employed Occupation Attorney	9/7/84 9/17/84	200.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 600.00		
F. Full Name, Mailing Address and ZIP Code Patricia S. Nash 21 Piout Road Gloucester, MA	N/A Occupation Housewife	9/11/84	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 400.00		
G. Full Name, Mailing Address and ZIP Code Marie Newman 51 West Street Malden, MA 02148	N/A Occupation Housewife	9/11/84	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 400.00		
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Name of Committee (in Full) ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Guy W. Nichols 69 Wildwood Drive Needham, MA 02192		Name of Employer Retired	Date (month, day, year) 9/17/84	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 300.00	
B. Full Name, Mailing Address and ZIP Code Barbara Brignolia O'Connell 25 Arlington Street Winchester, MA 01890		Name of Employer Information Requested	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 250.00	
C. Full Name, Mailing Address and ZIP Code Andrew J. Palmer 1 Sparkhawk Drive Lynnfield, MA 01940		Name of Employer Information Requested	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 400.00	
D. Full Name, Mailing Address and ZIP Code Leonard E. Pass 412 Revere Beach Parkway Revere, MA 02151		Name of Employer Self-Employed	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date—\$ 600.00	
E. Full Name, Mailing Address and ZIP Code Diane Phillips 95 Ridge Street Winchester, MA 01890		Name of Employer N/A	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Housewife	Aggregate Year-to-Date—\$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code John F. Phillips 7 Bedford Street Burlington, MA 01803		Name of Employer Self-Employed	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation C.F.A.	Aggregate Year-to-Date—\$ 750.00	
G. Full Name, Mailing Address and ZIP Code John L. Prendergast 599 Focis Street Metairie, LA 70005		Name of Employer Information Requested	Date (month, day, year) 9/13/84	Amount of Each Receipt This Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 250.00	
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Name of Committee (In Full) ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Keith D. Puffer 24 Stowell Road Winchester, MA 01890	Name of Employer Information Requested Occupation	Date (month, day, year) 9/6/84	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 660.00		
B. Full Name, Mailing Address and ZIP Code Charles E. Quinn 47 Old Coach Road Cohasset, MA 02025	Name of Employer Information Requested Occupation	Date (month, day, year) 9/7/84 9/19/84	Amount of Each Receipt This Period 500.00 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Maria A. Rizzo 30 Hemlock Road Andover, MA 01810	Name of Employer N/A Occupation Housewife	Date (month, day, year) 9/13/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 600.00		
D. Full Name, Mailing Address and ZIP Code Gloria A. Ross 37 Kingsbury Avenue Bradford, MA 01830	Name of Employer Information Requested Occupation	Date (month, day, year) 9/19/84	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
E. Full Name, Mailing Address and ZIP Code Ronald Rossetti 265 Chelsea Street Everett, MA 02149	Name of Employer Rossetti's Decorating Service Occupation Owner	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 450.00		
F. Full Name, Mailing Address and ZIP Code Steven W. Rossetti 11 Mohan Street Everett, MA 02149	Name of Employer Information Requested Occupation	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
G. Full Name, Mailing Address and ZIP Code Jon Rotenberg 476 Heath Street Chestnut Hill, MA 02167	Name of Employer Advanced Communications Systems Occupation Self-Employed	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
SUBTOTAL of Receipts This Page (optional)			
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Name of Committee (in Full) ROTONDI FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code Charles S. Rotondi 6 Franklin Place Stoneham, MA 02180	Name of Employer C & F Equipment Rental Co. Occupation Owner	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 300.00		
B. Full Name, Mailing Address and ZIP Code F. Helen Rotondi 17 Lindenwood Road Stoneham, MA 02180	Name of Employer Information Requested Occupation	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 265.00		
C. Full Name, Mailing Address and ZIP Code Roger Rotondi 51 Munroe Road Marblehead, MA 01945	Name of Employer Telus, Inc. Occupation President	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Gershon Salter 13 Mishawum Road Woburn, MA 01801	Name of Employer Winchester Nursing Home Occupation Administrator	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 740.00		
E. Full Name, Mailing Address and ZIP Code Francis G. Saunders Gibbet Hill Road Groton, MA 01450	Name of Employer Information Requested Occupation	Date (month, day, year) 9/6/84	Amount of Each Receipt This Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 300.00		
F. Full Name, Mailing Address and ZIP Code Boake A. Sells 2670 Woolsey Lane Wayzata, MN 55391 -- earmarked thru: Dayton Hudson Corp. P.A.C. 777 Nicollet Mall, Minneapolis, MN	Name of Employer Dayton Hudson Corp. Occupation Corporate Executive	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
G. Full Name, Mailing Address and ZIP Code Richard T. Singleton Ocean Street Manchester, MA 01944	Name of Employer New England Seal Coat Occupation President	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 460.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

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Name of Committee (In Full) ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Shawn K. Smith 105 Larchmont Road Melrose, MA 02176	Name of Employer Information Requested Occupation	Date (month, day, year) 9/13/84	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 540.00		
B. Full Name, Mailing Address and ZIP Code Eugene J. Sullivan, Jr. 65 Morrison Road West Wakefield, MA 01880	Name of Employer Information Requested Occupation	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 225.00		
C. Full Name, Mailing Address and ZIP Code Joseph R. Tarby, III 83 Pleasant St. Woburn, MA 01801	Name of Employer Law Offices of Albert E. Curran Occupation Attorney	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 640.00		
D. Full Name, Mailing Address and ZIP Code Samuel G. Torrice 20 Thistle Road Woburn, MA 01801	Name of Employer Information Requested Occupation	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 300.00		
E. Full Name, Mailing Address and ZIP Code E.E. Utley 1912 Hunting Ridge Rd. Raleigh, NC 27609	Name of Employer Carolina Power & Light Occupation Executive	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 650.00		
F. Full Name, Mailing Address and ZIP Code Francis J. Viegas 40 Howard St. Reading, MA 01867	Name of Employer Information Requested Occupation	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
G. Full Name, Mailing Address and ZIP Code Alfred W. Vita 59 Grovers Ave. Winthrop, MA 02152	Name of Employer Information Requested Occupation	Date (month, day, year) 9/7/84	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

0401270042

SCHEDULE A

ITEMIZED RECEIPTS

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LINE NUMBER 11a
(Use separate schedule(s) for each
category of the Detailed
Summary Page)

Any information copied from such Reports or 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) ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Richard J. Vita 86 Lafayette St. Milton, MA		Name of Employer Self-Employed	Date (month, day, year) 9/7/84	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date—\$ 600.00	
B. Full Name, Mailing Address and ZIP Code Jesse S. Vogtle 3640 Oakdale Road Birmingham, AL 35223		Name of Employer Information Requested	Date (month, day, year) 9/4/84	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 250.00	
C. Full Name, Mailing Address and ZIP Code Elizabeth Weintraub 33 Locust Ave. Lexington, MA 02173		Name of Employer N/A	Date (month, day, year) 9/7/84 9/7/84	Amount of Each Receipt This Period 75.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Housewife	Aggregate Year-to-Date—\$ 315.00	
D. Full Name, Mailing Address and ZIP Code George E. White, Jr. 706 Lowerline St. New Orleans, LA 70118		Name of Employer Information Requested	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 300.00	
E. Full Name, Mailing Address and ZIP Code Shepard C. Wilbar 3 Durham Dr. Lynnfield, MA 01940		Name of Employer Olde Forge Realty	Date (month, day, year) 9/6/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Real Estate Broker	Aggregate Year-to-Date—\$ 600.00	
F. Full Name, Mailing Address and ZIP Code Donald D. Wilson 36 Fern St. Lexington, MA 02173		Name of Employer Wilson Farm, Inc.	Date (month, day, year) 9/19/84	Amount of Each Receipt This Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner	Aggregate Year-to-Date—\$ 375.00	
G. Full Name, Mailing Address and ZIP Code William A. Yetman 5 Bryant Lane Dover, MA 02030		Name of Employer Carlin Insurance	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Exec. Vice President	Aggregate Year-to-Date—\$ 1,000.00	
SUBTOTAL of Receipts This Page (optional)				
TOTAL This Period (last page this line number only)				

04012700843

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports or 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) ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Burton M. Pike 1548 Commonwealth Avenue Newton, MA 02165	Name of Employer Pike & Pike Occupation Attorney	Date (month, day, year) 9/7/84	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			38,090.00

04012700844

SCHEDULE A

ITEMIZED RECEIPTS

Page 1 of 1 for
LINE NUMBER 110
(Use separate schedule(s) for each
category of the Detailed
Summary Page)

Any information copied from such Reports or 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) ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Committee to Elect John J. Conte	Name of Employer Occupation	Date (month, day, year) 9/28/84	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 50.00		
B. Full Name, Mailing Address and ZIP Code Committee to Elect Robert W. Keough	Name of Employer Occupation	Date (month, day, year) 9/28/84	Amount of Each Receipt This Period 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 40.00		
C. Full Name, Mailing Address and ZIP Code Travaglini Committee - Robert E. Travaglini	Name of Employer Occupation	Date (month, day, year) 9/28/84	Amount of Each Receipt This Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 50.00		
D. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Joseph DeNucci 119 Warwick Road West Newton, MA 02165	Name of Employer Occupation	Date (month, day, year) 9/17/84	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 100.00		
E. Full Name, Mailing Address and ZIP Code Guzzi Election Committee 23 Otis Place Newton, MA	Name of Employer Occupation	Date (month, day, year) 9/10/84	Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			490.00

04012700845

SCHEDULE A

ITEMIZED RECEIPTS

Page 1 of 1 for
LINE NUMBER 13a
(Use separate schedule(s) for each
category of the Detailed
Summary Page)

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Name of Committee (in Full) ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Samuel Rotondi 54 Sunset Road Winchester, MA 01890	Name of Employer Self-Employed Occupation Attorney	Date (month, day, year) 8/30/84 9/12/84 9/13/84 9/4/84	Amount of Each Receipt this Period 10,000.00 20,000.00 10,000.00 10,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 73,701.08		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			50,000.00

04012700646

SCHEDULE A

ITEMIZED RECEIPTS

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 LINE NUMBER 14
 (Use separate schedule for each category of the Detailed Summary Page)

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Name of Committee (In Full) **ROTONDI FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code Pro Media Inc. One Hollis Street Wellesley, MA 02181 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer (refund of overpayment of media buy) Occupation	Date (month, day, year) 9/28/84	Amount of Each Receipt This Period 1,300.00
Aggregate Year-to-Date—\$			
B. Full Name, Mailing Address and ZIP Code E.B. Rotondi & Sons, Inc. 224 Forest Street Winchester, MA 01890 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bought Campaign Minolta Copy Machine Occupation	Date (month, day, year) 9/13/84	Amount of Each Receipt This Period 2,000.00
Aggregate Year-to-Date—\$			
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Aggregate Year-to-Date—\$			
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Aggregate Year-to-Date—\$			
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Aggregate Year-to-Date—\$			
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Aggregate Year-to-Date—\$			
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Aggregate Year-to-Date—\$			
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			3,300.00

3401270047

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 1 of 4 for
 LINE NUMBER 17
 (Use separate schedule(s) for each
 category of the Detailed
 Summary Page)

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Name of Committee (in Full) ROTONDI FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code Andrew Bagley 79 Quincy Avenue Winthrop, MA 02152	Purpose of Disbursement Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 8/31/84 9/7/84 9/14/84	Amount of Each Disbursement This Period 550.00 550.00 550.00
B. Full Name, Mailing Address and ZIP Code Beacon Communications Corp. 20 Main Street Acton, MA	Purpose of Disbursement Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 9/15/84	Amount of Each Disbursement This Period 450.00
C. Full Name, Mailing Address and ZIP Code Roland Boutwell 14 Chesterford Rd. Winchester, MA 01890	Purpose of Disbursement Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 8/31/84 9/7/84 9/14/84	Amount of Each Disbursement This Period 250.00 250.00 250.00
D. Full Name, Mailing Address and ZIP Code Causeway Print, Inc. 251 Causeway Street Boston, MA 02114	Purpose of Disbursement Printing Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 9/7/84 9/12/84	Amount of Each Disbursement This Period 362.78 152.25
E. Full Name, Mailing Address and ZIP Code Mark Collins 11A Lakeview Ave. Winchester, MA 01890	Purpose of Disbursement Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 8/31/84 9/7/84 9/14/84	Amount of Each Disbursement This Period 150.00 150.00 150.00
F. Full Name, Mailing Address and ZIP Code Paul Davis 165 Cliff St. Wellesley, MA 02181	Purpose of Disbursement Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 8/31/84 9/7/84 9/14/84	Amount of Each Disbursement This Period 200.00 200.00 200.00
G. Full Name, Mailing Address and ZIP Code DesChamps Printing Co., Inc. 3 Dodge St. Salem, MA 01970	Purpose of Disbursement Printing Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 9/17/84	Amount of Each Disbursement This Period 1,863.75
H. Full Name, Mailing Address and ZIP Code Scott Hartman P.O. Box 2132 Brockton, MA 02403	Purpose of Disbursement Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 8/31/84 9/7/84 9/14/84	Amount of Each Disbursement This Period 200.00 200.00 200.00
I. Full Name, Mailing Address and ZIP Code " "	Purpose of Disbursement " Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 9/12/84 (reimbursement for sound system)	Amount of Each Disbursement This Period 141.75
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

04012700340

SCHEDULE B

ITEMIZED DISBURSEMENTS

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LINE NUMBER 17(Use separate schedule(s) for each
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Summary Page)

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Name of Committee (in Full)

ROTONDI FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Journal Publishing Co. 327 Broadway Revere, MA 02151	Printing Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/6/84	393.75
B. Full Name, Mailing Address and ZIP Code Lexington Minuteman 3 Miriam Street Lexington, MA 02173	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/11/84 9/12/84	329.28 450.00
C. Full Name, Mailing Address and ZIP Code Malden Evening News 277 Commercial Street Malden, MA 02148	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/14/84	756.00
D. Full Name, Mailing Address and ZIP Code Malden Publications, Inc. 277 Commercial Street Malden, MA 02148	Printing Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/7/84 9/10/84 9/12/84	3,355.00 906.00 630.00
E. Full Name, Mailing Address and ZIP Code Merrimac Valley Advertiser P.O. Box 8 Tewksbury, MA	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/11/84	1,200.00
F. Full Name, Mailing Address and ZIP Code New England Telephone Peabody, MA 01964	Telephone Bills Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/5/84 9/16/84	189.55 974.65
G. Full Name, Mailing Address and ZIP Code Dennis Newman 51 West Street Malden, MA 02148	Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/31/84 9/7/84 9/14/84	650.00 650.00 650.00
H. Full Name, Mailing Address and ZIP Code Post Gazette P.O. Box 135-5 Prince St. Boston, MA 02113	Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/11/84	400.00
I. Full Name, Mailing Address and ZIP Code Postal Instant Press 250 W. Cummings Park Woburn, MA 01801	Printing Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/27/84	74.03
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

0401270049

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 3 of 4 for
 LINE NUMBER 17
 (Use separate schedule(s) for each
 category of the Detailed
 Summary Page)

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)			
ROTONDI FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster, Winchester Winchester, MA 01890	Postage	9/12/84	590.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/27/84	324.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pro Media Inc. One Hollis Street Wellesley, MA 02181	Media Buy	8/30/84	15,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	8/30/84	8,000.00
		9/4/84	10,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
" "	" "	9/5/84	4,800.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/6/84	1,000.00
		9/7/84	20,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
" "	" "	9/10/84	13,261.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/12/84	17,000.00
		9/13/84	12,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Screen Tech 21 Campaw Street Lowell, MA 01850	Printing Signs	9/7/84	451.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/14/84	861.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Town Crier P.O. Box 460 Wilmington, MA 01887	Advertisement	9/12/84	325.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postal Service 01888 Washington St. Woburn, MA 01801	Postage	9/13/84	2,900.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wakefield Daily Item 26 Albion St. Wakefield, MA 01880	Advertisement	9/12/84	319.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/14/84	307.13
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Slade White Communications, Inc. 2109 Broadway New York, NY 10023	Media Consultant	9/13/84	2,500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	9/14/84	2,500.00
		9/17/84	4,000.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

0401270050

SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 4 of 4 for
 LINE NUMBER 17
 (Use separate schedule(s) for each
 category of the Detailed
 Summary Page)

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) <div style="text-align: center;">ROTONDI FOR CONGRESS</div>			
A. Full Name, Mailing Address and ZIP Code Winchester Star 3 Church Street Winchester, MA 01890	Purpose of Disbursement Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 9/12/84	Amount of Each Disbursement This Period 315.00
B. Full Name, Mailing Address and ZIP Code Woburn Daily Times 25 Montvale Avenue Woburn, MA 01801	Purpose of Disbursement Advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 9/14/84	Amount of Each Disbursement This Period 502.74
C. Full Name, Mailing Address and ZIP Code Susan Wood 17 Aspinwall Street Brookline, MA	Purpose of Disbursement Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 9/7/84 8/31/84 9/14/84	Amount of Each Disbursement This Period 200.00 200.00 200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			136,185.66

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SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 4 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) ROTONDI FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source Woburn Bank & Trust Co. 6 Common Street Woburn, MA 01801 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 1,520.00	Cumulative Payment To Date 820.86	Balance Outstanding at Close of This Period 791.03
Terms: Date Incurred <u>2/24/84</u> Date Due <u>2/24/85</u> Interest Rate <u>14.5%</u> (apr) <input checked="" type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
	Amount Guaranteed Outstanding: \$		
	Amount Guaranteed Outstanding: \$		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Samuel Rotondi 54 Sunset Road Winchester, MA 01890 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 11,000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period \$11,000.00
Terms: Date Incurred <u>7/19/84</u> Date Due _____ Interest Rate <u>None</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
	Amount Guaranteed Outstanding: \$		
	Amount Guaranteed Outstanding: \$		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full) ROTONDI FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source Samuel Rotondi 54 Sunset Road Winchester, MA 01890 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$11,500.00	Cumulative Payment To Date =0=	Balance Outstanding at Close of This Period \$11,500.00
Terms: Date Incurred <u>8/22/84</u> Date Due <u> </u> Interest Rate <u>None</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Samuel Rotondi 54 Sunset Road Winchester, MA 01890 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$10,000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period \$10,000.00
Terms: Date Incurred <u>8/30/84</u> Date Due <u> </u> Interest Rate <u>None</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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SCHEDULE C
(Revised 3/80)

LOANS

LINE NUMBER **10**
(Use separate schedules for each numbered line)

Name of Committee (in Full) ROTONDI FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source Samuel Rotondi 54 Sunset Road Winchester, MA 01890 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$20,000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period \$20,000.00
Terms: Date Incurred <u>9/12/84</u> Date Due <u> </u> Interest Rate <u>None</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code 	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code 	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code 	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Samuel Rotondi 54 Sunset Road Winchester, MA 01890 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Original Amount of Loan \$10,000.00		Cumulative Payment To Date -0-	
Balance Outstanding at Close of This Period \$10,000.00			
Terms: Date Incurred <u>9/13/84</u> Date Due <u> </u> Interest Rate <u>None</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code 	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code 	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code 	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
	Name of Employer 		
	Occupation 		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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Name of Committee (in Full) ROTONDI FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source Samuel Rotondi 54 Sunset Road Winchester, MA 01890 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$10,000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period \$10,000.00
Terms: Date Incurred <u>9/4/84</u> Date Due _____ Interest Rate <u>None</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code Original Source: Woburn Bank & Trust Co. 6 Common Street Woburn, MA 01801	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			\$73,291.03
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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