

CONTRIBUTIONS

DATE	NAME	STREET	CITY	STATE	ZIP	RECPTS
10/31/13	CONWAY, DAVID & MARY	528 ANDOVER ST.	LOWELL	MA	01852	\$ 500.00

EXPENSES

DATE	NAME	STREET	CITY	STATE	ZIP	INFO.	WTD.
10/29/13	CAMPAIGNS THAT WIN.CI	210 PARK AVE., #210	WORCESTER	MA	01609	MAILER #2	\$ 3,774.52
10/29/13	ENTERPRISE BANK	222 MERRIMACK ST.	LOWELL	MA	01852	SERVICE CHARGE	\$ 19.85
11/13/13	LOWELL SUN	491 DUTTON ST.	LOWELL	MA	01852	NEWSPAPER ADS	\$ 129.00
11/29/13	ENTERPRISE BANK	222 MERRIMACK ST.	LOWELL	MA	01852	SERVICE CHARGE	\$ 18.49
12/30/13	ENTERPRISE BANK	222 MERRIMACK ST.	LOWELL	MA	01852	SERVICE CHARGE	\$ 18.04
						TOTAL	\$ 3,959.90

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		N/A		
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		N/A		
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	