

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Massachusetts Republican State Congressional Committee

ADDRESS (number and street) 85 Merrimac Street, Suite 400  
 Check if different than previously reported. (ACC)  
Boston MA 02114

2. **FEC IDENTIFICATION NUMBER** C00042622  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2006 through 05 31 2006

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 06 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		62748.60
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	5217.80									
(c) Total Receipts (from Line 19) .....	99756.68	701733.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	104974.48	764482.02								
7. Total Disbursements (from Line 31) .....	87939.87	747447.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	17034.61	17034.61								
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									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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**

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	76174.00	514345.00
(i) Itemized (use Schedule A) .....	20078.00	131993.99
(ii) Unitemized .....	96252.00	646338.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	50.00	50.00
(b) Political Party Committees .....	600.00	50850.00
(c) Other Political Committees (such as PACs) .....	96902.00	697238.99
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	2854.68	4494.43
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	99756.68	701733.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	99756.68	701733.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	50949.00	564464.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	50949.00	564464.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	10000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	36990.87	172982.54
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	36990.87	172982.54
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	87939.87	747447.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	87939.87	747447.41

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	96902.00	697238.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	96902.00	697238.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	50949.00	564464.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2854.68	4494.43
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	48094.32	559970.44

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Benjamin Baker

Mailing Address 29 Water St.

City State Zip Code  
Dartmouth MA 02748

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
05 / 04 / 2006

Transaction ID: 60517.C158761

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 407 Warren Street

City State Zip Code  
Brookline MA 02445

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 01 / 2006

Transaction ID: 60517.C158501

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address PO Box 286

City State Zip Code  
Lincoln MA 01773

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

Name of Employer Fidelity Investments Occupation Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
05 / 15 / 2006

Transaction ID: 60517.C158922

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5600.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Christopher Bramley

Mailing Address 7 Pinecrest Dr.

City State Zip Code  
Westborough MA 01581

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

Name of Employer Safety Fund Bank Occupation banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
05 / 02 / 2006

Transaction ID: 60517.C158575

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 193 Dutton Road

City State Zip Code  
Sudbury MA 01776

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

Name of Employer DDJ Capital Management Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
05 / 04 / 2006

Transaction ID: 60517.C158730

Amount of Each Receipt this Period  
200.00

Receipt

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

Mailing Address PO Box 248

City State Zip Code  
Concord MA 01742

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

Name of Employer TJX Companies Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
05 / 31 / 2006

Transaction ID: 60619.C159184

Amount of Each Receipt this Period  
3500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Cimini

Mailing Address 8 Sidney Rd.

City State Zip Code  
Sturbridge MA 01566

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

Name of Employer Occupation  
Yankee Spirits President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: 60619.C159155

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 81 Bickford Hill Rd

City State Zip Code  
Gardner MA 01440

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2006

Transaction ID: 60519.C159020

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 227 Temple Street

City State Zip Code  
Newton MA 02465

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

Name of Employer Occupation  
TAC Communications Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

Transaction ID: 60517.C159015

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
John Connaughton

Mailing Address 170 Otis St.

City State Zip Code  
Newton MA 02465

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

Name of Employer Occupation  
Bain Capital Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: 60517.C158508

Amount of Each Receipt this Period  
10000.00

Receipt

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

Mailing Address 95 Apple Street

City State Zip Code  
Essex MA 01929

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

Name of Employer Occupation  
Trinity Partners, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: 60517.C158514

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 74 Beach Bluff Ave.

City State Zip Code  
Swampscott MA 01907

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2006

Transaction ID: 60619.C159050

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Stephen Davis

Mailing Address 46 Oxford Road

City State Zip Code  
Longmeadow MA 01106

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

Name of Employer Occupation  
Ventry Industries Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

**Transaction ID:** 60619.C159169

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address P.O. Box 1942

City State Zip Code  
Eastham MA 02651

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

Name of Employer Occupation  
Self Employed Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2006

**Transaction ID:** 60517.C158778

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 119 Hyslop Road

City State Zip Code  
Brookline MA 02445

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

Name of Employer Occupation  
Bain Capital Venture Capital

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

**Transaction ID:** 60517.C158976

Amount of Each Receipt this Period  
2000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Russell Ford

Mailing Address PO Box 2844

City Orleans State MA Zip Code 02653

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 01 / 2006

Transaction ID: 60517.C158460

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address PO Box 857

City Byfield State MA Zip Code 01922

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
05 / 31 / 2006

Transaction ID: 60619.C159195

Amount of Each Receipt this Period  
200.00

Receipt

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

Mailing Address 3 Royal Crest Drive Apt. #11

City North Andover State MA Zip Code 01845

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

Name of Employer Lynn Plastics Occupation Plastics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
05 / 01 / 2006

Transaction ID: 60517.C158477

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 950.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Frank Grimaldi

Mailing Address 55 Worcester Street

City Belmont State MA Zip Code 02478

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

Name of Employer Self Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
05 / 31 / 2006

Transaction ID: 60619.C159136

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 76 Blanchard Rd

City Monson State MA Zip Code 01057

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

Name of Employer HBK Investments Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 9999.00

Date of Receipt  
05 / 17 / 2006

Transaction ID: 60517.C158955

Amount of Each Receipt this Period  
9999.00

Receipt

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

Mailing Address 8 Jackson Pond Rd.

City Dedham State MA Zip Code 02026

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 31 / 2006

Transaction ID: 60619.C159145

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11499.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Mariann Hundahl Appley

Mailing Address Two Commonwealth Ave.

City State Zip Code  
Boston MA 02116

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
05 / 04 / 2006

Transaction ID: 60517.C158760

Amount of Each Receipt this Period  
200.00

Receipt

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

Mailing Address 46 Powder Hill Way

City State Zip Code  
Westborough MA 01581

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

Name of Employer Self Employed Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
05 / 01 / 2006

Transaction ID: 60517.C158478

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 959 Hill Rd

City State Zip Code  
Boxborough MA 01719

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

Name of Employer Arnold & Kangas, P.C. Occupation Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt  
05 / 01 / 2006

Transaction ID: 60517.C158500

Amount of Each Receipt this Period  
50.00

Receipt

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Thomas King</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address PO Box 605		Transaction ID: 60517.C158640	
City Chatham	State MA	Amount of Each Receipt this Period 300.00	
Zip Code 02633		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Barbara Klein</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 5 Oceanmeadow Lane		Transaction ID: 60517.C158878	
City Marblehead	State MA	Amount of Each Receipt this Period 500.00	
Zip Code 01945		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Thermal Circuits Inc	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Francis Lehar</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 11 Norwood Avenue		Transaction ID: 60517.C158468	
City Manchester	State MA	Amount of Each Receipt this Period 100.00	
Zip Code 01944		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Francis Lehar Mailing Address 11 Norwood Avenue City <u>Manchester</u> State <u>MA</u> Zip Code <u>01944</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60517.C158559 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">300.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	0	6	300.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	5		0	2		2	0	0	6															
300.00																								
Name of Employer Retired      Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">725.00</td> </tr> </table>	725.00																					
725.00																								

<b>B.</b> Full Name (Last, First, Middle Initial) Francis Lehar Mailing Address 11 Norwood Avenue City <u>Manchester</u> State <u>MA</u> Zip Code <u>01944</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60517.C158929 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">25.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	6	25.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	5		1	5		2	0	0	6															
25.00																								
Name of Employer Retired      Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">750.00</td> </tr> </table>	750.00																					
750.00																								

<b>C.</b> Full Name (Last, First, Middle Initial) Dudley Letson Mailing Address 12 Kimball Beach Rd. City <u>Hingham</u> State <u>MA</u> Zip Code <u>02043</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60517.C158561 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">100.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	0	6	100.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	5		0	2		2	0	0	6															
100.00																								
Name of Employer None      Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">200.00</td> </tr> </table>	200.00																					
200.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>425.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Julianne Lindsay

Mailing Address 81 Channing Rd

City State Zip Code  
Watertown MA 02472

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

Name of Employer Eastern Bank Occupation banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
05 / 02 / 2006

Transaction ID: 60517.C158541

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address 39 Westwood Rd

City State Zip Code  
Stoneham MA 02180

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

Name of Employer Self Employed Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 31 / 2006

Transaction ID: 60619.C159193

Amount of Each Receipt this Period  
150.00

Receipt

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

Mailing Address 109 Holt Rd.

City State Zip Code  
Andover MA 01810

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

Name of Employer General Electric Co. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
05 / 05 / 2006

Transaction ID: 60517.C158797

Amount of Each Receipt this Period  
200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
John Moffitt

Mailing Address 68 Beacon St.

City State Zip Code  
Andover MA 01810

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

Name of Employer  
Andover Strategies

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: 60619.C159196

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 20 Greycliff Rd.

City State Zip Code  
Brighton MA 02135

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

Name of Employer  
City of Boston

Occupation  
Licensing Board / Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2006

Transaction ID: 60619.C159041

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address P.O. Box 212

City State Zip Code  
Wayland MA 01778

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

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: 60517.C158588

Amount of Each Receipt this Period  
200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 / 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Frederick Muzi Mailing Address 10 Powisset St. City Dover State MA Zip Code 02030 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> 60517.C158938 Amount of Each Receipt this Period 5000.00 Receipt
Name of Employer: Muzi Motors, Inc. Occupation: President & Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Carl Nazzaro Mailing Address 941 Humphrey St. City Swampscott State MA Zip Code 01907 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 60517.C158924 Amount of Each Receipt this Period 100.00 Receipt
Name of Employer: MBTA Occupation: Foreman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Dan Pratt Mailing Address 805 Almadin City San Antonio State TX Zip Code 78258 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6 <b>Transaction ID:</b> 60619.C159042 Amount of Each Receipt this Period 1000.00 Receipt
Name of Employer: Benson Enterprises Exc. Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Ruettgers

Mailing Address 453 Bedford Road

City State Zip Code  
Carlisle MA 01741

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

Name of Employer Occupation  
EMC Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 6

Transaction ID: 60517.C158647

Amount of Each Receipt this Period  
2500.00

Receipt

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

Mailing Address 356 Marlborough Street #4

City State Zip Code  
Boston MA 02115

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

Name of Employer Occupation  
AMG Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60517.C158779

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 30 Somerset St.

City State Zip Code  
Belmont MA 02478

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

Name of Employer Occupation  
Scully Signal Manufacturing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 6

Transaction ID: 60517.C158685

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Leslee Shlopak</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 183 South Street DO NOT MAIL- McCarthy F&F		Transaction ID: 60619.C159094
City State Zip Code Rockport MA 01966	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Occupation Homemaker Homemaker	Aggregate Year-to-Date ▼ 10000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jean Simonds</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 55 Stockbridge Street		Transaction ID: 60517.C158555
City State Zip Code Cohasset MA 02025	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Occupation Retired Homemaker	Aggregate Year-to-Date ▼ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ronald Skates</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 4 Boardman Avenue		Transaction ID: 60517.C158510
City State Zip Code Manchester MA 01944	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer Occupation Self-Employed investor	Aggregate Year-to-Date ▼ 3000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	13100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Mackenzie Smith

Mailing Address 154 Elm St

City Easton State MA Zip Code 02356

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

Name of Employer Smith, Buckley and Hunt Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	4	/	2	0	0	6

Transaction ID: 60517.C158676

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 31 Lathrop Road

City Wellesley State MA Zip Code 02482

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

Name of Employer Kraematon Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	6

Transaction ID: 60517.C158507

Amount of Each Receipt this Period  
2500.00

Receipt

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

Mailing Address 83 E. Water Street- PO Box C

City Rockland State MA Zip Code 02370

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	0	6

Transaction ID: 60619.C159085

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Campbell Steward

Mailing Address 65 Asbury St.

City State Zip Code  
Topsfield MA 01983

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

Name of Employer Occupation  
Kona Corp. Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2006

Transaction ID: 60517.C158753

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 5 oak circle

City State Zip Code  
Rockport MA 01966

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2006

Transaction ID: 60619.C159039

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 34 Proctor St.

City State Zip Code  
Manchester MA 01944

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

Name of Employer Occupation  
Self Employed Investment Manager/Trustee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2006

Transaction ID: 60517.C158544

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
James Walsh

Mailing Address 19 Bertwell Rd

City State Zip Code  
Lexington MA 02420

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

Name of Employer Occupation  
General Electric Co. Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2006

Transaction ID: 60517.C158677

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 3 Sandaba Rd.

City State Zip Code  
Rockport MA 01966

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

Name of Employer Occupation  
A. Peabody Fdn. Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2006

Transaction ID: 60619.C159091

Amount of Each Receipt this Period  
200.00

Receipt

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

Mailing Address PO Box 898  
140 Garrison Ln.

City State Zip Code  
Osterville MA 02655-0898

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2006

Transaction ID: 60517.C158765

Amount of Each Receipt this Period  
50.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
Stuart Whitlock

Mailing Address PO Box 35

City Siasconset State MA Zip Code 02564-0035

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
05 / 17 / 2006

Transaction ID: 60517.C159010

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address PO Box 81203

City Wellesley State MA Zip Code 02481

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

Name of Employer Information Requested Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
05 / 22 / 2006

Transaction ID: 60619.C159040

Amount of Each Receipt this Period  
3500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	76174.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 54
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect George Peterson Mailing Address po box 274 City Grafton State MA Zip Code 01519 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60517.C158502 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	6	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	1		2	0	0	6														
50.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect George Peterson Mailing Address po box 274 City Grafton State MA Zip Code 01519 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60517.C158503 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	1		2	0	0	6														
500.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Magovern Committee Mailing Address PO Box 546 City Agawam State MA Zip Code 01001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer OCPF ID 13049 Occupation Candidate Committee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60517.C158434 Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	6	50.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	1		2	0	0	6														
50.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>600.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 54	
	(check only one)			
	<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
 Massachusetts Republican State Congressional Committee

**A.** Full Name (Last, First, Middle Initial)  
 Beverly Republican City Committee

Mailing Address Eamon Fennessy  
 71 Paine Ave

City Prides Crossing State MA Zip Code 01965

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

Name of Employer OCPF ID: 76036 Occupation Committee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60619.C159102

Amount of Each Receipt this Period  
 50.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	50.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 54
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Matthew Gauvin</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6		
Mailing Address 42 McKay Avenue DO NOT MAIL- not donor		<b>Transaction ID: 60619.C159092</b>		
City Fitchburg      State MA      Zip Code 01420-	Amount of Each Receipt this Period 696.14		Offsets to Operating Expenditure  Note: Cobra health insurance payment for employee	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MassGOP	Occupation Field Coordinator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1735.10			

Full Name (Last, First, Middle Initial) <b>B. Paychex/InterPay</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6		
Mailing Address PO Box 8295 DO NOT MAIL		<b>Transaction ID: 60517.C158835</b>		
City Boston      State MA      Zip Code 02266-	Amount of Each Receipt this Period 2123.55		Offsets to Operating Expenditure  Note: Refund from payroll processing company- overpayment of payroll tax	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2123.55			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2819.69
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2819.69

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Aristotle Publishing</b>		Transaction ID: 60619.E8562 Date of Disbursement 05 / 18 / 2006
Mailing Address 50 E Street, SE		Amount of Each Disbursement this Period 2750.00
City Washington State DC Zip Code 20003-	Purpose of Disbursement COMPUTER SOFTWARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPUTER SOFTWARE

Full Name (Last, First, Middle Initial) <b>B. Rhonda Avola</b>		Transaction ID: 60619.E8581 Date of Disbursement 05 / 25 / 2006
Mailing Address 306 Main St. Unit 10		Amount of Each Disbursement this Period 957.00
City Melrose State MA Zip Code 02176-	Purpose of Disbursement ADMINISTRATION SERVICE NON FEA NO FEDE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADMINISTRATION SERVICE NON FEA NO FEDERAL CANDIDATE

Full Name (Last, First, Middle Initial) <b>C. Brandon Barber</b>		Transaction ID: 60619.E8574 Date of Disbursement 05 / 18 / 2006
Mailing Address 106 Kendall Pond Rd.		Amount of Each Disbursement this Period 620.33
City Windham State NH Zip Code 03087-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4327.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

<b>A. Brandon Barber</b> Full Name (Last, First, Middle Initial) Mailing Address 106 Kendall Pond Rd. City Windham State NH Zip Code 03087- Purpose of Disbursement B.BARBER REIMBURSEMENT FOR PERSONAL CAR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60619.E8615</b> Date of Disbursement 05 / 18 / 2006 Amount of Each Disbursement this Period 569.60 <b>[MEMO ITEM]</b> MEMO: B.BARBER REIMBURSEMENT FOR PERSONAL CAR USE MILEAGE
---	--	--

<b>B. Abby Brack Photography</b> Full Name (Last, First, Middle Initial) Mailing Address 19 Sheafe St. City Boston State MA Zip Code 02113- Purpose of Disbursement PHOTOGRAPHY FOR PARTY EVENT NON-FEA NO Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60619.E8561</b> Date of Disbursement 05 / 18 / 2006 Amount of Each Disbursement this Period 162.75 PHOTOGRAPHY FOR PARTY EVENT NON-FEA NO FEDERAL CANDIDATE
--	--	---

<b>C. Paul Craney</b> Full Name (Last, First, Middle Initial) Mailing Address 177 Cambridge Ave City Fair Haven State NJ Zip Code 07704- Purpose of Disbursement REIMBURSEMENT FOR TRAVEL MILEAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60517.E8469</b> Date of Disbursement 05 / 08 / 2006 Amount of Each Disbursement this Period 98.00 REIMBURSEMENT FOR TRAVEL MILEAGE
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	260.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Paul Craney</b>		<b>Transaction ID:</b> 60518.E8519 Date of Disbursement 05 / 15 / 2006
Mailing Address 177 Cambridge Ave		Amount of Each Disbursement this Period 471.21
City Fair Haven State NJ Zip Code 07704-	Purpose of Disbursement REIMBURSEMENT FOR MILEAGE ON CAR (SIGNAT	
Candidate Name		REIMBURSEMENT FOR MILEAGE ON CAR (SIGNATURE DRIVES)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hui Jojo Deng</b>		<b>Transaction ID:</b> 60517.E8465 Date of Disbursement 05 / 01 / 2006
Mailing Address 117 Beaconsfield Road		Amount of Each Disbursement this Period 552.75
City Brookline State MA Zip Code 02445-	Purpose of Disbursement ACCOUNTING SERVICE- GENERAL ACCOUNTING N	
Candidate Name		ACCOUNTING SERVICE- GENERAL ACCOUNTING NON-FEA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DirecTV DirecTV</b>		<b>Transaction ID:</b> 60619.E8563 Date of Disbursement 05 / 18 / 2006
Mailing Address PO Box 60036		Amount of Each Disbursement this Period 144.90
City Los Angeles State CA Zip Code 90060-0036	Purpose of Disbursement CABLE SERVICE	
Candidate Name		CABLE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1168.86</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Federal Express (Fed Ex)</b>		<b>Transaction ID:</b> 60619.E8571 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 32.59
City Pittsburgh State PA Zip Code 15250-	Purpose of Disbursement SHIPPING MAIL Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SHIPPING MAIL

Full Name (Last, First, Middle Initial) <b>B. Fleet Bank</b>		<b>Transaction ID:</b> 60619.E8587 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 100 Federal Street		Amount of Each Disbursement this Period 119.00
City Boston State MA Zip Code 02110-	Purpose of Disbursement BANK SERVICE CHARGE Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK SERVICE CHARGE

Full Name (Last, First, Middle Initial) <b>C. Guardian Guardian</b>		<b>Transaction ID:</b> 60619.E8582 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address Boston Group Office 1 Liberty Square		Amount of Each Disbursement this Period 895.55
City Boston State MA Zip Code 02109-	Purpose of Disbursement INSURANCE Candidate Name <input type="checkbox"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INSURANCE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1047.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Bruce Harrison</b>		<b>Transaction ID: 60517.E8426</b> Date of Disbursement 05 / 11 / 2006	
Mailing Address 101 Elm St		Amount of Each Disbursement this Period 84.38	
City Wakefield State MA Zip Code 01880-	Purpose of Disbursement REIMBURSEMENT FOR FOOD/TRAVEL/	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT FOR FOOD/T- RAVEL/	

Full Name (Last, First, Middle Initial) <b>B. HPH Inc. Harvard Pilgram Heal</b>		<b>Transaction ID: 60619.E8580</b> Date of Disbursement 05 / 25 / 2006	
Mailing Address 1200 Crown Colony Dr.		Amount of Each Disbursement this Period 6490.11	
City Quincy State MA Zip Code 02169-	Purpose of Disbursement HEALTH INSURANCE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	HEALTH INSURANCE	

Full Name (Last, First, Middle Initial) <b>C. Lyndsay Jones</b>		<b>Transaction ID: 60517.E8473</b> Date of Disbursement 05 / 11 / 2006	
Mailing Address 95 West Squantum St. #707		Amount of Each Disbursement this Period 72.32	
City North Quincy State MA Zip Code 02171-	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL MILAGE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT FOR TRAVEL MILAGE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6646.81</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Samantha Levine</b>		<b>Transaction ID: 60518.E8518</b> Date of Disbursement 05 / 15 / 2006	
Mailing Address 15 Oak St.		Amount of Each Disbursement this Period 217.93	
City Chestnut Hill State MA Zip Code 02467-	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL MILELAGE	Category/ Type	
Candidate Name		REIMBURSEMENT FOR TRAVEL MILELAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lexis-Nexis</b>		<b>Transaction ID: 60619.E8565</b> Date of Disbursement 05 / 18 / 2006	
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 913.00	
City Philadelphia State PA Zip Code 19170-	Purpose of Disbursement RESEARCH DATA	Category/ Type	
Candidate Name		RESEARCH DATA	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Boston Marriott Newton</b>		<b>Transaction ID: 60619.E8572</b> Date of Disbursement 05 / 18 / 2006	
Mailing Address 2345 Commonwealth Ave.		Amount of Each Disbursement this Period 44.75	
City Newton State MA Zip Code 02466-	Purpose of Disbursement EVENT ROOM AND CATERING NON-FEA NO FED	Category/ Type	
Candidate Name		EVENT ROOM AND CATERING NON-FEA NO FEDERAL CANDID- ATE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1175.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Merchants Bankcard</b>		<b>Transaction ID:</b> 60619.E8584 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address Fleet Bank 100 Federal Street		Amount of Each Disbursement this Period 25.00
City Boston State MA Zip Code 02110-	CREDIT CARD FEE	
Purpose of Disbursement CREDIT CARD FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Merchants Bankcard</b>		<b>Transaction ID:</b> 60619.E8583 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address Fleet Bank 100 Federal Street		Amount of Each Disbursement this Period 249.75
City Boston State MA Zip Code 02110-	CREDIT CARD FEE	
Purpose of Disbursement CREDIT CARD FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Konica Minolta Business Systems</b>		<b>Transaction ID:</b> 60619.E8564 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 7247-0322		Amount of Each Disbursement this Period 965.60
City Philadelphia State PA Zip Code 19170-0322	COPIER RENTAL	
Purpose of Disbursement COPIER RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1240.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Paychex/InterPay</b>		<b>Transaction ID:</b> 60517.E8411 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 9549.50
City Boston State MA Zip Code 02266-	PAYROLL-TAXES	
Purpose of Disbursement PAYROLL-TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paychex/InterPay</b>		<b>Transaction ID:</b> 60517.E8412 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 1480.76
City Boston State MA Zip Code 02266-	PAYROLL-401 K	
Purpose of Disbursement PAYROLL-401 K		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paychex/InterPay</b>		<b>Transaction ID:</b> 60619.E8585 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 177.13
City Boston State MA Zip Code 02266-	PAYROLL SERVICE	
Purpose of Disbursement PAYROLL SERVICE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11207.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Paychex/InterPay</b>		<b>Transaction ID:</b> 60619.E8586 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 160.00
City Boston State MA Zip Code 02266-	PAYROLL SERVICE-401K	
Purpose of Disbursement PAYROLL SERVICE-401K		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paychex/InterPay</b>		<b>Transaction ID:</b> 60518.E8515 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 9035.64
City Boston State MA Zip Code 02266-	PAYROLL-TAXES	
Purpose of Disbursement PAYROLL-TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paychex/InterPay</b>		<b>Transaction ID:</b> 60518.E8516 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 1480.76
City Boston State MA Zip Code 02266-	PAYROLL-401 K	
Purpose of Disbursement PAYROLL-401 K		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10676.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Poland Spring Poland Spring</b>		<b>Transaction ID:</b> 60619.E8566 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address Processing Center PO Box 52271		Amount of Each Disbursement this Period 82.18
City Phoenix State AZ Zip Code 85072-	Purpose of Disbursement BOTTLE WATER Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOTTLE WATER

Full Name (Last, First, Middle Initial) <b>B. Jinara Reyes</b>		<b>Transaction ID:</b> 60517.E8466 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 66 Greenleaf St. Apt. # 33		Amount of Each Disbursement this Period 180.87
City Quincy State MA Zip Code 02169-	Purpose of Disbursement REIMBURSEMENT FOR FOOD AND TRAVEL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT FOR FOOD AND TRAVEL

Full Name (Last, First, Middle Initial) <b>C. Steven Roche</b>		<b>Transaction ID:</b> 60517.E8494 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 70 Hope Ave. Apt 302		Amount of Each Disbursement this Period 4138.00
City Waltham State MA Zip Code 02453-	Purpose of Disbursement REIMBURSEMENT : SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT : SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4401.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Backbay Hilton Boston</b>		Transaction ID: 60517.E8497 Date of Disbursement 05 / 08 / 2006
Mailing Address 40 Dalton St.		Amount of Each Disbursement this Period 1454.33
City Boston State MA Zip Code 02115-	Purpose of Disbursement S.ROCHE REIMBURSEMENT FOR EVENT ROOM CHA	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: S.ROCHE REIMBURSEMENT FOR EVENT ROOM CHARGE-NON FEA NO FEDERAL CANDIDATE

Full Name (Last, First, Middle Initial) <b>B. Locke-Ober Locke-Ober Banquets</b>		Transaction ID: 60517.E8498 Date of Disbursement 05 / 08 / 2006
Mailing Address 3 Winter Place Attn: Julia Anderson		Amount of Each Disbursement this Period 1486.34
City Boston State MA Zip Code 02108-	Purpose of Disbursement S.ROCHE REIMBURSEMENT FOR EVENT CHARGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: S.ROCHE REIMBURSEMENT FOR EVENT CHARGE NON-FEA NO FEDERAL CANDIDATE

Full Name (Last, First, Middle Initial) <b>C. Laz Parking Ltd.</b>		Transaction ID: 60517.E8496 Date of Disbursement 05 / 08 / 2006
Mailing Address 101 Merrimac Street		Amount of Each Disbursement this Period 375.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement S.ROCHE REIMBURSEMENT FOR PARKING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: S.ROCHE REIMBURSEMENT FOR PARKING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Sopranos Sopranos Restaurant</b>		<b>Transaction ID:</b> 60517.E8499 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 681 Falmouth Rd.		Amount of Each Disbursement this Period 242.23
City Mashpee State MA Zip Code 02649-	Purpose of Disbursement S.ROCHE REIMBURSEMENT FOR FOOD NON-FEA	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: S.ROCHE REIMBURSEMENT FOR FOOD NON-FEA NO FEDERAL CANDIDATE

Full Name (Last, First, Middle Initial) <b>B. Sprint/Nextel</b>		<b>Transaction ID:</b> 60517.E8495 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 151.18
City Denver State CO Zip Code 80217-	Purpose of Disbursement S.ROCHE REIMBURSEMENT FOR CELL PHONE CAL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: S.ROCHE REIMBURSEMENT FOR CELL PHONE CALLS

Full Name (Last, First, Middle Initial) <b>C. Ensieh Sarrami</b>		<b>Transaction ID:</b> 60517.E8468 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 9214 Inglewood Dr.		Amount of Each Disbursement this Period 432.00
City Potomac State MD Zip Code 20854-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	432.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Ensieh Sarrami</b>		Transaction ID: 60619.E8618 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 9214 Inglewood Dr.		Amount of Each Disbursement this Period 432.00
City Potomac State MD Zip Code 20854-	Purpose of Disbursement E.SARRAMI REIMBURSEMENT FOR PERSONAL CAR	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: E.SARRAMI REIMBURSEMENT FOR PERSONAL CAR USE MILEAGE

Full Name (Last, First, Middle Initial) <b>B. Ensieh Sarrami</b>		Transaction ID: 60517.E8472 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 9214 Inglewood Dr.		Amount of Each Disbursement this Period 786.84
City Potomac State MD Zip Code 20854-	Purpose of Disbursement REIMBURSEMENT : SEE BELOW	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT : SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. Ensieh Sarrami</b>		Transaction ID: 60619.E8619 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 9214 Inglewood Dr.		Amount of Each Disbursement this Period 554.80
City Potomac State MD Zip Code 20854-	Purpose of Disbursement E.SARRAMI REIMBURSEMENT FOR PERSONAL CAR	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: E.SARRAMI REIMBURSEMENT FOR PERSONAL CAR USE MILEAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	786.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. SCM Associates</b>		<b>Transaction ID:</b> 60619.E8567 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address Steve Meyers PO Box 720		Amount of Each Disbursement this Period 2709.92
City Jaffrey State NH Zip Code 03452-	Purpose of Disbursement DIRECT MAILING PROGRAM NON FEA NO FEDE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT MAILING PROGRAM NON FEA NO FEDERAL CANDIDATE

Full Name (Last, First, Middle Initial) <b>B. Staples, Inc.</b>		<b>Transaction ID:</b> 60517.E8471 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address Staples Credit Plan Dept. 80 - 0088936796		Amount of Each Disbursement this Period 220.04
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. T-Moblie T-Mobile</b>		<b>Transaction ID:</b> 60619.E8568 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address PO Box 790047		Amount of Each Disbursement this Period 1058.12
City Saint Louis State MO Zip Code 63179-	Purpose of Disbursement PHONE SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3988.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		<b>Transaction ID:</b> 60619.E8569 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 1		Amount of Each Disbursement this Period 951.78
City Worcester State MA Zip Code 01654-	PHONE	
Purpose of Disbursement PHONE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Verizon- Verizon Internet Ser</b>		<b>Transaction ID:</b> 60619.E8570 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address PO Box 101096		Amount of Each Disbursement this Period 767.62
City Atlanta State GA Zip Code 30392-	INTERNET SERVICE	
Purpose of Disbursement INTERNET SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Mary Rose Watson</b>		<b>Transaction ID:</b> 60619.E8573 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 463 Park Dr. Apt 16		Amount of Each Disbursement this Period 1500.00
City Boston State MA Zip Code 02115-	INTERNSHIP	
Purpose of Disbursement INTERNSHIP Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3219.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Robert Willington</b>		Transaction ID: 60517.E8470 Date of Disbursement 05 / 08 / 2006	
Mailing Address 12 Arlington Street		Amount of Each Disbursement this Period 370.92	
City Reading State MA Zip Code 01867-	Purpose of Disbursement REIMBURSEMENT : SEE BELOW	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT : SEE BELOW	

Full Name (Last, First, Middle Initial) <b>B. Robert Willington</b>		Transaction ID: 60619.E8622 Date of Disbursement 05 / 08 / 2006	
Mailing Address 12 Arlington Street		Amount of Each Disbursement this Period 295.36	
City Reading State MA Zip Code 01867-	Purpose of Disbursement R.WILLINGTON REIMBURSEMENT FOR PERSONAL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: R.WILLINGTON REIMBURSEMENT FOR PERSONAL CAR USE MILEAGE	

SUBTOTAL of Disbursements This Page (optional) .....

370.92

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

50949.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

<b>A. Brandon Barber</b> Full Name (Last, First, Middle Initial) Mailing Address 106 Kendall Pond Rd. City Windham State NH Zip Code 03087- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60517.E8397</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 1022.44 Category/Type PAYROLL
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<b>B. Brandon Barber</b> Full Name (Last, First, Middle Initial) Mailing Address 106 Kendall Pond Rd. City Windham State NH Zip Code 03087- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60518.E8502</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 1022.44 Category/Type PAYROLL
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<b>C. Paul Craney</b> Full Name (Last, First, Middle Initial) Mailing Address 177 Cambridge Ave City Fair Haven State NJ Zip Code 07704- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60517.E8398</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 1080.10 Category/Type PAYROLL
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3124.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

<b>A. Paul Craney</b> Full Name (Last, First, Middle Initial) Mailing Address 177 Cambridge Ave City Fair Haven State NJ Zip Code 07704-		<b>Transaction ID: 60518.E8503</b> Date of Disbursement MM / DD / YYYY 05 / 18 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1080.10 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

<b>B. Brandon Finn</b> Full Name (Last, First, Middle Initial) Mailing Address 163 Belmont St. Apt.1 City Belmont State MA Zip Code 02478-		<b>Transaction ID: 60517.E8399</b> Date of Disbursement MM / DD / YYYY 05 / 04 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1016.65 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

<b>C. Brandon Finn</b> Full Name (Last, First, Middle Initial) Mailing Address 163 Belmont St. Apt.1 City Belmont State MA Zip Code 02478-		<b>Transaction ID: 60518.E8504</b> Date of Disbursement MM / DD / YYYY 05 / 18 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1016.65 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3113.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Bruce Harrison</b>		<b>Transaction ID:</b> 60517.E8467 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 101 Elm St		Amount of Each Disbursement this Period 1000.00
City Wakefield State MA Zip Code 01880-	Purpose of Disbursement PAYROLL - ADMINISTRATIVE SUPPORT SERVICE	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL - ADMINISTRATIVE SUPPORT SERVICE

Full Name (Last, First, Middle Initial) <b>B. Lyndsay Jones</b>		<b>Transaction ID:</b> 60517.E8400 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 95 West Squantum St. #707		Amount of Each Disbursement this Period 969.61
City North Quincy State MA Zip Code 02171-	Purpose of Disbursement PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Lyndsay Jones</b>		<b>Transaction ID:</b> 60518.E8505 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 95 West Squantum St. #707		Amount of Each Disbursement this Period 969.61
City North Quincy State MA Zip Code 02171-	Purpose of Disbursement PAYROLL	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2939.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Samantha Levine</b>		<b>Transaction ID:</b> 60517.E8401 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 15 Oak St.		Amount of Each Disbursement this Period 891.73
City Chestnut Hill      State MA      Zip Code 02467-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Samantha Levine</b>		<b>Transaction ID:</b> 60518.E8506 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 15 Oak St.		Amount of Each Disbursement this Period 891.73
City Chestnut Hill      State MA      Zip Code 02467-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Ladd Moore</b>		<b>Transaction ID:</b> 60517.E8402 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 51 Phillips St. Apt. # 1		Amount of Each Disbursement this Period 967.04
City Boston              State MA      Zip Code 02114-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:            District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2750.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

<b>A. Jinara Reyes</b> Full Name (Last, First, Middle Initial) Mailing Address 66 Greenleaf St. Apt. # 33 City Quincy State MA Zip Code 02169- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60517.E8403</b> Date of Disbursement 05 / 04 / 2006 Amount of Each Disbursement this Period 1323.34 PAYROLL
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<b>B. Jinara Reyes</b> Full Name (Last, First, Middle Initial) Mailing Address 66 Greenleaf St. Apt. # 33 City Quincy State MA Zip Code 02169- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60518.E8507</b> Date of Disbursement 05 / 18 / 2006 Amount of Each Disbursement this Period 1323.34 PAYROLL
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<b>C. Ruth Rice</b> Full Name (Last, First, Middle Initial) Mailing Address 44 Church St. City North Andover State MA Zip Code 01845- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60517.E8404</b> Date of Disbursement 05 / 04 / 2006 Amount of Each Disbursement this Period 912.81 PAYROLL
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3559.49</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

<b>A. Ruth Rice</b> Full Name (Last, First, Middle Initial) Mailing Address 44 Church St. City North Andover State MA Zip Code 01845-		<b>Transaction ID: 60518.E8508</b> Date of Disbursement 05 / 18 / 2006
Purpose of Disbursement PAYROLL 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:		Amount of Each Disbursement this Period 912.81 PAYROLL

<b>B. Steven Roche</b> Full Name (Last, First, Middle Initial) Mailing Address 70 Hope Ave. Apt 302 City Waltham State MA Zip Code 02453-		<b>Transaction ID: 60517.E8405</b> Date of Disbursement 05 / 04 / 2006
Purpose of Disbursement PAYROLL 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:		Amount of Each Disbursement this Period 2735.46 PAYROLL

<b>C. Steven Roche</b> Full Name (Last, First, Middle Initial) Mailing Address 70 Hope Ave. Apt 302 City Waltham State MA Zip Code 02453-		<b>Transaction ID: 60518.E8509</b> Date of Disbursement 05 / 18 / 2006
Purpose of Disbursement PAYROLL 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:		Amount of Each Disbursement this Period 2735.46 PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6383.73</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial) <b>A. Mark Rowe</b>		<b>Transaction ID:</b> 60517.E8406 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 216 W. Plain St.		Amount of Each Disbursement this Period 1206.39
City Wayland State MA Zip Code 01778-	Category/ Type	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Mark Rowe</b>		<b>Transaction ID:</b> 60518.E8510 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 216 W. Plain St.		Amount of Each Disbursement this Period 1206.39
City Wayland State MA Zip Code 01778-	Category/ Type	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Priscilla Ruzzo</b>		<b>Transaction ID:</b> 60517.E8407 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 85 Overlook Road		Amount of Each Disbursement this Period 1599.22
City Boston State MA Zip Code 02132-	Category/ Type	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4012.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

<b>A. Priscilla Ruzzo</b> Full Name (Last, First, Middle Initial) Mailing Address 85 Overlook Road City Boston State MA Zip Code 02132-		<b>Transaction ID: 60518.E8511</b> Date of Disbursement 05 / 18 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1595.15 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B. Ensieh Sarrami</b> Full Name (Last, First, Middle Initial) Mailing Address 9214 Inglewood Dr. City Potomac State MD Zip Code 20854-		<b>Transaction ID: 60517.E8408</b> Date of Disbursement 05 / 04 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 967.03 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C. Ensieh Sarrami</b> Full Name (Last, First, Middle Initial) Mailing Address 9214 Inglewood Dr. City Potomac State MD Zip Code 20854-		<b>Transaction ID: 60518.E8512</b> Date of Disbursement 05 / 18 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 967.03 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3529.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

<b>A. Robert Willington</b> Full Name (Last, First, Middle Initial) Mailing Address 12 Arlington Street City Reading State MA Zip Code 01867-		<b>Transaction ID: 60517.E8409</b> Date of Disbursement 05 / 04 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1231.44 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B. Robert Willington</b> Full Name (Last, First, Middle Initial) Mailing Address 12 Arlington Street City Reading State MA Zip Code 01867-		<b>Transaction ID: 60518.E8513</b> Date of Disbursement 05 / 18 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1231.44 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C. Matthew Wylie</b> Full Name (Last, First, Middle Initial) Mailing Address 169 Monsignor OBrien Highway #705 City Cambridge State MA Zip Code 02141-		<b>Transaction ID: 60517.E8410</b> Date of Disbursement 05 / 08 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 2557.73 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5020.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** Matthew Wylie

Mailing Address 169 Monsignor OBrien Highway  
#705

City Cambridge State MA Zip Code 02141-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60518.E8514

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

2557.73

PAYROLL

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

2557.73

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

36990.87

Form/Schedule: **F3XN**

Transaction ID: **C00042622**

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