

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 (12S)
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 2010 through 05 31 2010

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 19 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

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	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		80412.05
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	365359.52									
(c) Total Receipts (from Line 19)	51766.50	1435845.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	417126.02	1516257.93								
7. Total Disbursements (from Line 31)	96669.15	1195801.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	320456.87	320456.87								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	5660.20									

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

FEC Form 3X (Rev. 06/2004)

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	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A)	42687.50	479196.50
(ii) Unitemized	9079.00	87588.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	51766.50	566784.88
(b) Political Party Committees	0.00	55.00
(c) Other Political Committees (such as PACs)	0.00	21400.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	51766.50	588239.88
12. Transfers From Affiliated/Other Party Committees	0.00	847606.00
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)	0.00	0.00
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))	51766.50	1435845.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51766.50	1435845.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	82025.42	444839.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	82025.42	444839.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
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	677026.52
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	14643.73	73935.41
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	14643.73	73935.41
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	96669.15	1195801.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96669.15	1195801.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	51766.50	588239.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51766.50	588239.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	82025.42	444839.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	82025.42	444839.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 38
	<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	

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

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

A.	Full Name (Last, First, Middle Initial) Knute Aarsheim		Date of Receipt
	Mailing Address 305 Delano Rd		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Marion	MA	02738
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Act I, Inc.		Occupation Fisherman	Transaction ID: 00520.C183281
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Receipt

B.	Full Name (Last, First, Middle Initial) Charles Baker		Date of Receipt
	Mailing Address 64 Caldwell farm		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Byfield	MA	01922
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Retired	Transaction ID: 00520.C183353
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Receipt

C.	Full Name (Last, First, Middle Initial) David Barlow		Date of Receipt
	Mailing Address 640 Lewis Wharf		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Boston	MA	02110
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Pesronal Investor	Transaction ID: 00520.C183351
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="10000.00"/>
		<input type="text" value="10000.00"/>	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="11500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 38
(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)
Mark Bryant

Mailing Address 5 Pegan Ln

City Natick State MA Zip Code 01760-5617

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 / 25 / 2010

Transaction ID: 00618.C183438

Amount of Each Receipt this Period 500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Wayne Capolupo

Mailing Address 170 Beach Rd U-17

City Salisbury State MA Zip Code 01952

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 ▼ 5000.00

Date of Receipt 05 / 28 / 2010

Transaction ID: 00618.C183473

Amount of Each Receipt this Period 5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
John Dewey

Mailing Address 865 Central Ave Apt A502

City Needham State MA Zip Code 02492

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 ▼ 100.00

Date of Receipt 05 / 05 / 2010

Transaction ID: 00520.C182932

Amount of Each Receipt this Period 100.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Dewey
Mailing Address 865 Central Ave Apt A502
City Needham State MA Zip Code 02492
FEC ID number of contributing federal political committee. **C**

Date of Receipt MM / DD / YYYY
05 / 05 / 2010
Transaction ID: 00520.C182930
Amount of Each Receipt this Period 100.00

Receipt

Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

B. Full Name (Last, First, Middle Initial)
Scott Gaddis
Mailing Address 21 Decatur Lane
City Wayland State MA Zip Code 01778
FEC ID number of contributing federal political committee. **C**

Date of Receipt MM / DD / YYYY
05 / 28 / 2010
Transaction ID: 00618.C183472
Amount of Each Receipt this Period 200.00

Receipt

Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

C. Full Name (Last, First, Middle Initial)
John Glaser
Mailing Address 13 Putter Drive
City Acton State MA Zip Code 01720-4221
FEC ID number of contributing federal political committee. **C**

Date of Receipt MM / DD / YYYY
05 / 17 / 2010
Transaction ID: 00520.C183356
Amount of Each Receipt this Period 200.00

Receipt

Name of Employer partners health care Occupation CIO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 25 Spyglass Landing Drive

City State Zip Code
Marshfield MA 02050

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

Name of Employer Self Employed Occupation investor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	0

Transaction ID: 00618.C183465
 Amount of Each Receipt this Period
 550.00
 Receipt

B. Full Name (Last, First, Middle Initial)
James Hearty

Mailing Address 27 Silver Hill Rd

City State Zip Code
Weston MA 02493

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

Name of Employer Clough Capital Occupation Investment Management

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	1	0

Transaction ID: 00618.C183474
 Amount of Each Receipt this Period
 2500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Henry Helgeson

Mailing Address 17 Rutland Square

City State Zip Code
Boston MA 02118

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

Name of Employer Merchant Warehouse Occupation CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	0

Transaction ID: 00618.C183435
 Amount of Each Receipt this Period
 2500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5550.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William Helman
 Mailing Address 85 Sparks St.
 City State Zip Code
 Cambridge MA 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greylock Management Occupation Venture Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt 05 / 18 / 2010
Transaction ID: 00520.C183417
 Amount of Each Receipt this Period 2500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
William Hofmann
 Mailing Address 223 Rutledge Road
 City State Zip Code
 Belmont MA 02478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation insurance agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 05 / 28 / 2010
Transaction ID: 00618.C183475
 Amount of Each Receipt this Period 1000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Paul Holian
 Mailing Address 107 Great Plain Ave
 City State Zip Code
 Wellesley MA 02482
 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 ▼ 500.00
 Date of Receipt 05 / 28 / 2010
Transaction ID: 00618.C183476
 Amount of Each Receipt this Period 500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 4000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 38
(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)
James R. Houghton

Mailing Address 80 E. Market St., Suite 300

City State Zip Code
Corning NY 14830

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2010

Transaction ID: 00520.C183428

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Stephen Jeffries

Mailing Address 12 Brimmer St.

City State Zip Code
Boston MA 02108-1002

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

Name of Employer Information Requested Occupation Information Requested
S.B. Jeffries Consultants President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.50

Date of Receipt
MM / DD / YYYY
05 / 03 / 2010

Transaction ID: 00520.C182317

Amount of Each Receipt this Period
312.50

Receipt

C.

Full Name (Last, First, Middle Initial)
Donald Joyal

Mailing Address 50 Resnik Rd. Suite 300

City State Zip Code
Plymouth MA 02360

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: 00520.C183350

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1062.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 38
(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)
Wesley Marple

Mailing Address 317 Boston Post Rd

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Northeastern University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: 00618.C183459

Amount of Each Receipt this Period
100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Wesley Marple

Mailing Address 317 Boston Post Rd

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Northeastern University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: 00618.C183458

Amount of Each Receipt this Period
125.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Althine Marsh

Mailing Address 1213 Heatherwood

City State Zip Code
YarmouthPort MA 02675

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2010

Transaction ID: 00520.C183309

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **725.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 38

(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)
Catherine McDonnell

Mailing Address 63 Atlantic Ave #7E

City State Zip Code
Boston MA 02110

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

Name of Employer Occupation
The Action Group Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 0

Transaction ID: 00618.C183437

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Henry Meyer

Mailing Address P.O. Box 149

City State Zip Code
Wakefield RI 02880

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 1 0

Transaction ID: 00520.C183303

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Henry Miller

Mailing Address 85 Round Hill Rd

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Miller Buckfire & Co Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: 00618.C183478

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 38
(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) Glenn Parker		Date of Receipt MM / DD / YYYY 05 / 26 / 2010
Mailing Address 13630 NW 8 St. #210		Transaction ID: 00618.C183469
City Fort Lauderdale	State FL	Zip Code 33325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nations Health	Occupation CEO	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Richard Phipps		Date of Receipt MM / DD / YYYY 05 / 12 / 2010
Mailing Address 1180 Main Street		Transaction ID: 00520.C183334
City Wakefield	State MA	Zip Code 01880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Accountant	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.

Full Name (Last, First, Middle Initial) Timothy Pinch		Date of Receipt MM / DD / YYYY 05 / 05 / 2010
Mailing Address 5 New Towne Dr.		Transaction ID: 00520.C182946
City Hingham	State MA	Zip Code 02043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer G.w.and Wade	Occupation Attorney	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 38
(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)
Francis Privitera

Mailing Address 59 Union Square

City State Zip Code
Somerville MA 02143

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: 00618.C183470

Amount of Each Receipt this Period
100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Mr. And Mrs. John Roush

Mailing Address 35 Old Planters Rd

City State Zip Code
Beverly MA 01915

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

Name of Employer Occupation
Perkinelmer Inc. Corporate Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2010

Transaction ID: 00520.C183306

Amount of Each Receipt this Period
275.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Horace Schermerhorn

Mailing Address 10 Village Drive

City State Zip Code
East Sandwich MA 02537

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 / 26 / 2010

Transaction ID: 00618.C183460

Amount of Each Receipt this Period
125.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 38

(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)
Mackenzie Smith

Mailing Address 154 Elm St

City State Zip Code
Easton MA 02356

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

Name of Employer Occupation
Smith, Buckley and Hunt 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 / 1 7 / 2 0 1 0

Transaction ID: 00520.C183411

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Aaron Spencer

Mailing Address 69 Farlow Rd.

City State Zip Code
Newton MA 02458

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

Name of Employer Occupation
UNO Restaurant Corp Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 1 0

Transaction ID: 00618.C183477

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
James Tee

Mailing Address PO BOX 388

City State Zip Code
East Longmeadow MA 01028

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 ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 0

Transaction ID: 00520.C183392

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 38
(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)
Edward Zuker

Mailing Address PO BOX 377

City State Zip Code
Chestnut Hill MA 02467

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 0

Transaction ID: 00520.C183425

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	42687.50

**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 18 / 38

<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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 00618.E12201 Date of Disbursement
	Mailing Address PO Box 1270	<input type="text" value="05"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Newark State NJ Zip Code 07101-1270	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card:	<input type="text" value="4404.99"/>
	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) ▼
		CREDIT CARD:

B.	Full Name (Last, First, Middle Initial) Scr & Associates, LLC	Transaction ID: 00618.E12207 Date of Disbursement
	Mailing Address 4 Leblanc Dr	<input type="text" value="05"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Danvers State MA Zip Code 01923-	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising consulting fee party related	<input type="text" value="6000.00"/>
	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) ▼
		FUNDRAISING CONSULTING FEE PARTY RELATED

C.	Full Name (Last, First, Middle Initial) A.I.M. Mutual Insurance Co.	Transaction ID: 00618.E12171 Date of Disbursement
	Mailing Address 54 Third St.	<input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Burlington State MA Zip Code 01803-	Amount of Each Disbursement this Period
	Purpose of Disbursement Workers Comp	<input type="text" value="654.00"/>
	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) ▼
		WORKERS COMP

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL 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 19 / 38

<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

<p>A. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts</p> <p>Mailing Address Landmark Center 401 Park Drive</p> <p>City Boston State MA Zip Code 02215-</p> <p>Purpose of Disbursement Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00618.E12167 Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 961.46</p> <p>HEALTH INSURANCE</p>
<p>B. Full Name (Last, First, Middle Initial) Byte Bulb</p> <p>Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.</p> <p>City Hanover State MA Zip Code 02339-</p> <p>Purpose of Disbursement party related website development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00618.E12166 Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 110.00</p> <p>PARTY RELATED WEBSITE DEVELOPMENT</p>
<p>C. Full Name (Last, First, Middle Initial) Byte Bulb</p> <p>Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.</p> <p>City Hanover State MA Zip Code 02339-</p> <p>Purpose of Disbursement party related website development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00618.E12191 Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 3260.00</p> <p>PARTY RELATED WEBSITE DEVELOPMENT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4331.46

TOTAL 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

A.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 00618.E12168 Date of Disbursement 05 / 06 / 2010
	Mailing Address 39 Old Colony Ave.	Amount of Each Disbursement this Period 69.09
	City Boston State MA Zip Code 02127-	
	Purpose of Disbursement Storage	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) ▼
		STORAGE

B.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 00618.E12190 Date of Disbursement 05 / 20 / 2010
	Mailing Address 39 Old Colony Ave.	Amount of Each Disbursement this Period 73.29
	City Boston State MA Zip Code 02127-	
	Purpose of Disbursement storage	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) ▼
		STORAGE

C.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 00618.E12174 Date of Disbursement 05 / 06 / 2010
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 1211.05
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement party related telemktg fundraising	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) ▼
		PARTY RELATED TELEMKTG FU-NDRAISING

SUBTOTAL of Disbursements This Page (optional)	1353.43
TOTAL 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

A.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 00618.E12203 Date of Disbursement MM / DD / YYYY 05 / 26 / 2010
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 171.06
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement telemarketing party related 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) ▼
		TELEMARKETING PARTY RELATED

B.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00618.E12181 Date of Disbursement MM / DD / YYYY 05 / 13 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1941.42
	City Stoneham State MA Zip Code 02180-	
	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

C.	Full Name (Last, First, Middle Initial) Keswick Consulting	Transaction ID: 00618.E12200 Date of Disbursement MM / DD / YYYY 05 / 20 / 2010
	Mailing Address 231 Victory Road	Amount of Each Disbursement this Period 3000.00
	City Quincy State MA Zip Code 02171-	
	Purpose of Disbursement political consulting-party related 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) ▼
		POLITICAL CONSULTING-PARTY RELATED NON FEA

SUBTOTAL of Disbursements This Page (optional) ▶

5112.48

TOTAL 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

A.	Full Name (Last, First, Middle Initial) Keswick Consulting <hr/> Mailing Address 231 Victory Road <hr/> City Quincy State MA Zip Code 02171- <hr/> Purpose of Disbursement Reimburse for Bleacher event Candidate Name <hr/> 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) ▼	Transaction ID: 00618.E12204 Date of Disbursement 05 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 1700.00 <hr/> REIMBURSE FOR BLEACHER EV- ENT
B.	Full Name (Last, First, Middle Initial) Contact Services Contact Services <hr/> Mailing Address 2275 Burlingame SW <hr/> City State Zip Code <hr/> Purpose of Disbursement candidate assistance Candidate Name <hr/> 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) ▼	Transaction ID: 00618.E12221 Date of Disbursement 05 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 1904.87 <hr/> CANDIDATE ASSISTANCE
C.	Full Name (Last, First, Middle Initial) Crimson Press Crimson Press <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Fundraising Printing Candidate Name <hr/> 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) ▼	Transaction ID: 00618.E12176 Date of Disbursement 05 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 2800.00 <hr/> FUNDRAISING PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	6404.87
TOTAL 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 23 / 38

<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

A.	Full Name (Last, First, Middle Initial) DirecTV DirecTV	Transaction ID: 00618.E12189 Date of Disbursement 05 / 20 / 2010
	Mailing Address PO Box 60036	
	City Los Angeles State CA Zip Code 90060-0036	Amount of Each Disbursement this Period 49.34
	Purpose of Disbursement cable tv Candidate Name	CABLE TV
	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.	Full Name (Last, First, Middle Initial) Tarah Donoghue	Transaction ID: 00618.E12179 Date of Disbursement 05 / 13 / 2010
	Mailing Address 3 Main Street	
	City Dover State MA Zip Code 02030-	Amount of Each Disbursement this Period 1547.48
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 00618.E12175 Date of Disbursement 05 / 06 / 2010
	Mailing Address PO Box 371461	
	City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period 135.28
	Purpose of Disbursement express mail Candidate Name	EXPRESS MAIL
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1732.10
TOTAL 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

A.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 00618.E12187 Date of Disbursement
	Mailing Address PO Box 371461	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period
	Purpose of Disbursement express mail	<input type="text" value="20.57"/>
	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) ▼
		EXPRESS MAIL

B.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 00618.E12202 Date of Disbursement
	Mailing Address PO Box 371461	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="26"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period
	Purpose of Disbursement express mail	<input type="text" value="27.08"/>
	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) ▼
		EXPRESS MAIL

C.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00618.E12222 Date of Disbursement
	Mailing Address 34 Fresno St.	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="26"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/>
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period
	Purpose of Disbursement reimbursement for phone travelfood	<input type="text" value="236.74"/>
	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 FOR PHONE TRAVELFOOD

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="284.39"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 25 / 38

<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

A.	Full Name (Last, First, Middle Initial) Kirsten Hughes	Transaction ID: 00618.E12193 Date of Disbursement 05 / 20 / 2010
	Mailing Address 72 Davis Street	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 98.50
	Purpose of Disbursement expense reimbursement	EXPENSE REIMBURSEMENT
	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.	Full Name (Last, First, Middle Initial) Susan Keene	Transaction ID: 00618.E12192 Date of Disbursement 05 / 20 / 2010
	Mailing Address 76 Locksley Rd.	
	City Lynnfield State MA Zip Code 01940-	Amount of Each Disbursement this Period 998.00
	Purpose of Disbursement accounting svc	ACCOUNTING SVC
	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) ▼

C.	Full Name (Last, First, Middle Initial) Konica Minolta Business Systems	Transaction ID: 00618.E12194 Date of Disbursement 05 / 20 / 2010
	Mailing Address P.O. Box 7247-0322	
	City Philadelphia State PA Zip Code 19170-0322	Amount of Each Disbursement this Period 969.73
	Purpose of Disbursement copier lease	COPIER LEASE
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	2066.23
TOTAL 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 26 / 38

<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

A. Full Name (Last, First, Middle Initial) Mulberry Road Mulberry Road Mailing Address City State Zip Code Purpose of Disbursement Gift basket 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) ▼	Transaction ID: 00618.E12199 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 295.82
	Category/ Type
	GIFT BASKET

B. Full Name (Last, First, Middle Initial) Magan Munson Mailing Address City State Zip Code Purpose of Disbursement reimbursement phone 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) ▼	Transaction ID: 00618.E12195 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 155.00
	Category/ Type
	REIMBURSEMENT PHONE

C. Full Name (Last, First, Middle Initial) Jennifer Nassour Mailing Address 49 Chelsea St., Unit C1-307 City Boston State MA Zip Code 02129- Purpose of Disbursement reimbursement for parkingfood 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) ▼	Transaction ID: 00618.E12188 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 451.73
	Category/ Type
	REIMBURSEMENT FOR PARKING- FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶	902.55
TOTAL 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 27 / 38

<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

A.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 00618.E12218 Date of Disbursement 05 / 26 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	Amount of Each Disbursement this Period 557.57
	City Boston State MA Zip Code 02129-	
	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.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 00618.E12219 Date of Disbursement 05 / 26 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	Amount of Each Disbursement this Period 169.50
	City Boston State MA Zip Code 02129-	
	Purpose of Disbursement reimbursement parking travel food 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 PARKING TRAVEL FOOD

C.	Full Name (Last, First, Middle Initial) Communication Inc OBrien	Transaction ID: 00618.E12206 Date of Disbursement 05 / 26 / 2010
	Mailing Address PO Box 659	Amount of Each Disbursement this Period 112.50
	City Wrentham State MA Zip Code 02093-	
	Purpose of Disbursement phone system 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) ▼
		PHONE SYSTEM

SUBTOTAL of Disbursements This Page (optional)	839.57
TOTAL 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 28 / 38

<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

A. Full Name (Last, First, Middle Initial) Ox-Eye Properties Mailing Address c/o Massey & Co. 85 Merrimac Street City Boston State MA Zip Code 02114- Purpose of Disbursement Rent & Utilities 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) ▼	Transaction ID: 00618.E12173 Date of Disbursement 05 / 06 / 2010
	Amount of Each Disbursement this Period 4434.00 RENT & UTILITIES

B. Full Name (Last, First, Middle Initial) Ox-Eye Properties Mailing Address c/o Massey & Co. 85 Merrimac Street City Boston State MA Zip Code 02114- Purpose of Disbursement rent and utilities 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) ▼	Transaction ID: 00618.E12205 Date of Disbursement 05 / 26 / 2010
	Amount of Each Disbursement this Period 4887.50 RENT AND UTILITIES

C. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement payroll tax 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) ▼	Transaction ID: 00618.E12182 Date of Disbursement 05 / 13 / 2010
	Amount of Each Disbursement this Period 4411.22 PAYROLL TAX

SUBTOTAL of Disbursements This Page (optional) ▶	13732.72
TOTAL 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

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 00618.E12183 Date of Disbursement 05 / 13 / 2010
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 82.98
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement payroll 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) ▼
		PAYROLL FEE

B.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 00618.E12216 Date of Disbursement 05 / 27 / 2010
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 4416.69
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement payroll tax	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) ▼
		PAYROLL TAX

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 00618.E12217 Date of Disbursement 05 / 27 / 2010
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 82.98
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement payroll 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) ▼
		PAYROLL FEE

SUBTOTAL of Disbursements This Page (optional) ► **4582.65**

TOTAL 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

A.	Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement bottled 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) ▼	Transaction ID: 00618.E12198 Date of Disbursement 05 / 20 / 2010 Amount of Each Disbursement this Period 61.76 BOTTLED WATER
B.	Full Name (Last, First, Middle Initial) Seaport Hotel Mailing Address 1 Seaport Lane City Boston State MA Zip Code 02114- Purpose of Disbursement Rental for Event 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) ▼	Transaction ID: 00618.E12172 Date of Disbursement 05 / 06 / 2010 Amount of Each Disbursement this Period 8000.00 RENTAL FOR EVENT
C.	Full Name (Last, First, Middle Initial) Staples, Inc. Mailing Address Staples Credit Plan Dept. 80 - 0088936796 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) ▼	Transaction ID: 00618.E12208 Date of Disbursement 05 / 26 / 2010 Amount of Each Disbursement this Period 288.37 OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	8350.13
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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

A.	Full Name (Last, First, Middle Initial) Direct Mail Systems	Transaction ID: 00618.E12177 Date of Disbursement
	Mailing Address 12450 Automobile Boulevard	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Clearwater State FL Zip Code 33762-	Amount of Each Disbursement this Period
	Purpose of Disbursement direct mail party related non FEA	<input type="text" value="18679.91"/>
	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) ▼
		DIRECT MAIL PARTY RELATED NON FEA

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 00618.E12197 Date of Disbursement
	Mailing Address P.O. Box 1	<input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Worcester State MA Zip Code 01654-	Amount of Each Disbursement this Period
	Purpose of Disbursement office phone	<input type="text" value="675.82"/>
	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) ▼
		OFFICE PHONE

C.	Full Name (Last, First, Middle Initial) Wachusett Mountain Wachusett Mountain	Transaction ID: 00618.E12196 Date of Disbursement
	Mailing Address	<input type="text" value="05"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraiser deposit	<input type="text" value="500.00"/>
	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) ▼
		FUNDRAISER DEPOSIT

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="19855.73"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 32 / 38

<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

A.

Full Name (Last, First, Middle Initial)

William Walker

Mailing Address 5 Charter St.

City Boston State MA Zip Code 02113-

Purpose of Disbursement payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00618.E12184

Date of Disbursement

05 / 13 / 2010

Amount of Each Disbursement this Period

1418.12

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

1418.12

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

82025.42

**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 33 / 38

<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

A.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00618.E12214 Date of Disbursement 05 / 27 / 2010
	Mailing Address 74 Green Street	
	City Stoneham State MA Zip Code 02180-	Amount of Each Disbursement this Period 1935.92
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	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.	Full Name (Last, First, Middle Initial) Tarah Donoghue	Transaction ID: 00618.E12213 Date of Disbursement 05 / 27 / 2010
	Mailing Address 3 Main Street	
	City Dover State MA Zip Code 02030-	Amount of Each Disbursement this Period 1547.28
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00618.E12178 Date of Disbursement 05 / 13 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 1032.33
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	4515.53
TOTAL 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 34 / 38

<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

A.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00618.E12212 Date of Disbursement 05 / 27 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 1032.32
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	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.	Full Name (Last, First, Middle Initial) Kirsten Hughes	Transaction ID: 00618.E12180 Date of Disbursement 05 / 13 / 2010
	Mailing Address 72 Davis Street	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1092.57
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Kirsten Hughes	Transaction ID: 00618.E12211 Date of Disbursement 05 / 27 / 2010
	Mailing Address 72 Davis Street	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1092.58
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	3217.47
TOTAL 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 35 / 38

<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

A. Full Name (Last, First, Middle Initial) Magan Munson <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00618.E12186 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1222.89
	Category/ Type
	PAYROLL

B. Full Name (Last, First, Middle Initial) Magan Munson <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00618.E12210 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1222.89
	Category/ Type
	PAYROLL

C. Full Name (Last, First, Middle Initial) Michael Rigais <hr/> Mailing Address 24 Concord Ave, Apt 415 <hr/> City State Zip Code Cambridge MA 02138- <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00618.E12185 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1523.41
	Category/ Type
	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	3969.19
TOTAL 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

<p>A. Full Name (Last, First, Middle Initial) Michael Rigais</p> <p>Mailing Address 24 Concord Ave, Apt 415</p> <p>City Cambridge State MA Zip Code 02138-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00618.E12209</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1523.40</p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) William Walker</p> <p>Mailing Address 5 Charter St.</p> <p>City Boston State MA Zip Code 02113-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00618.E12215</p> <p>Date of Disbursement 05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1418.14</p> <p>PAYROLL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2941.54

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

14643.73

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 37 / 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis	Nature of Debt (Purpose): Original debt for research party related
Mailing Address PO Box 7247-7090	
City Philadelphia State PA ZIP Code 19170-	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	Transaction ID: LS90513.E11275	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis	Nature of Debt (Purpose): Original debt for research party related
Mailing Address PO Box 7247-7090	
City Philadelphia State PA ZIP Code 19170-	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>	Transaction ID: LS90513.E11276	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis	Nature of Debt (Purpose): Original debt for research party related
Mailing Address PO Box 7247-7090	
City Philadelphia State PA ZIP Code 19170-	

Outstanding Balance Beginning This Period <input type="text" value="1250.00"/>	Transaction ID: LS90513.E11277	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1250.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1750.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

