

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 11 01 2007 through 11 30 2007

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 10 2009

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 **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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		9164.06
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	-425.00									
(c) Total Receipts (from Line 19)	53193.00	541093.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52768.00	550257.42								
7. Total Disbursements (from Line 31)	44131.83	541621.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8636.17	8636.17								
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)	70892.22									

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:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	40150.00	386650.00
(i) Itemized (use Schedule A)	3043.00	108677.17
(ii) Unitemized	43193.00	495327.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	10000.00	39301.73
(c) Other Political Committees (such as PACs)	53193.00	534628.90
(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)	0.00	4214.24
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	2250.22
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))	53193.00	541093.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53193.00	541093.36

DETAILED SUMMARY PAGE

of Disbursements

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.....	33881.72	341778.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	33881.72	341778.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	35746.73
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	13958.08
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.....	10250.11	150137.63
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	10250.11	150137.63
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44131.83	541621.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44131.83	541621.25

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)	53193.00	534628.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53193.00	534628.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33881.72	341778.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	4214.24
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33881.72	337564.57

Form/Schedule : **F3XA**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY WAS REPORTED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy.

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 7 / 42
	<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	

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) Abbott Laboratories PAC		Date of Receipt MM / DD / YYYY 11 / 19 / 2007
Mailing Address Maria Cahill 100 Abbott Park Road		Transaction ID: 71210.C166556
City North Chicago	State IL	Zip Code 60064
FEC ID number of contributing federal political committee. C C00040279		Amount of Each Receipt this Period 5000.00
Name of Employer PAC	Occupation FEC ID: C00040279	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) General Electric PAC		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
Mailing Address 1299 Pennsylvania Ave, NW Suite 900		Transaction ID: 71210.C166579
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00024869		Amount of Each Receipt this Period 5000.00
Name of Employer PAC	Occupation FEC ID: C00024869	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 42
(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)
Otto Anderson

Mailing Address 43 Fernwood Avenue

City State Zip Code
Bradford MA 01835

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 71115.C166533

Amount of Each Receipt this Period
100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Richard Anderson

Mailing Address 10 Flanders Rd.

City State Zip Code
Westborough MA 01581

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

Name of Employer Plumb House Inc Occupation Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 71210.C166605

Amount of Each Receipt this Period
1000.00

Receipt

C.

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 ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 71210.C166603

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 / 42
(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)
Carol Breuer
 Mailing Address 9 Plymouth Road
 City Winchester State MA Zip Code 01890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Homemaker Occupation Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00
 Date of Receipt 11 / 19 / 2007
Transaction ID: 71210.C166572
 Amount of Each Receipt this Period 4000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Paul Buonopane
 Mailing Address 262 Lincoln Rd
 City Lincoln State MA Zip Code 01773
 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 11 / 15 / 2007
Transaction ID: 71115.C166532
 Amount of Each Receipt this Period 200.00
 Receipt

C. Full Name (Last, First, Middle Initial)
James Desmarais
 Mailing Address 148 Lakeshore Dr.
 City Dracut State MA Zip Code 01826
 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 11 / 15 / 2007
Transaction ID: 71115.C166527
 Amount of Each Receipt this Period 250.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 4450.00
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 / 42

(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)

Wolfgang Falcone

Mailing Address 80 Hancock Ave.

City State Zip Code
Brockton MA 02301

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

Name of Employer Occupation
Retired Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 71113.C166514

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Antonio Frias

Mailing Address 20 Cedar Street

City State Zip Code
Hudson MA 01749-1745

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

Name of Employer Occupation
S & F Concrete Owner/CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 71210.C166565

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Arnold Garrison

Mailing Address 181 Pine Ridge Rd.

City State Zip Code
Newton MA 02468

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

Name of Employer Occupation
Retired Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 71210.C166552

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 42
(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)
Jeffrey Horvitz

Mailing Address 65 West Street
P.O. Box 5630-0512

City State Zip Code
Beverly MA 01915-0512

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

Name of Employer Occupation
Self Employed investor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2007

Transaction ID: 71210.C166545

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 456 Hill Street

City State Zip Code
Whitinsville MA 01588

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

Name of Employer Occupation
Riverdale Mills Corporation President

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: 71113.C166524

Amount of Each Receipt this Period
10000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Francis Lehar

Mailing Address 11 Norwood Avenue

City State Zip Code
Manchester MA 01944

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 ▼
1300.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: 71115.C166538

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **15100.00**

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 12 / 42
(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)
Donald Lukens

Mailing Address 84 Eldredge St.
Apt. 1

City State Zip Code
Newton MA 02458

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 11 / 09 / 2007
Transaction ID: 71113.C166521
Amount of Each Receipt this Period 200.00
Receipt

B. Full Name (Last, First, Middle Initial)
Paul Noble

Mailing Address 110 Black Rock Drive

City State Zip Code
Hingham MA 02043

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 ▼ 2500.00

Date of Receipt 11 / 19 / 2007
Transaction ID: 71210.C166553
Amount of Each Receipt this Period 2500.00
Receipt

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

Mailing Address 72 Old Pasture Road

City State Zip Code
Cohasset MA 02025

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

Name of Employer State Street Development Manag Occupation Real Estate Development Manage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2007
Transaction ID: 71210.C166547
Amount of Each Receipt this Period 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 3700.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 42
(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)
Paul Owens

Mailing Address PO Box 920390

City State Zip Code
Needham MA 02492-0005

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

Name of Employer Occupation
IntrinsiQ, Inc Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: 71115.C166536

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 99 Belmont Ave

City State Zip Code
Lowell MA 01852

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

Name of Employer Occupation
Pearson & Pearson/ Butler Bank Attorney/ Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2007

Transaction ID: 71210.C166546

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Frank Pedlow

Mailing Address 23 Ridgeway Lane

City State Zip Code
Boston MA 02114

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 26 / 2007

Transaction ID: 71210.C166573

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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: (check only one)	PAGE 14 / 42
	<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 Potaski	Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 24B Church Street	Transaction ID: 71210.C166584
	City State Zip Code Linwood MA 01525	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
	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 2550.00	

B.	Full Name (Last, First, Middle Initial) Jacques Prindiville	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 1550 Worcester Rd, Rt. 9 Chapel Hill West Unit 508	Transaction ID: 71210.C166594
	City State Zip Code Framingham MA 01702-8931	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
	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 1050.00	

C.	Full Name (Last, First, Middle Initial) Michael Robbins	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 105 Colchester St. 2009 KC MEMBER!!!	Transaction ID: 71113.C166523
	City State Zip Code Brookline MA 02446	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Advest Company Occupation Investments Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Michael Schaefer

Mailing Address PO Box 71

City Easthampton State MA Zip Code 01027

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

Name of Employer The October Company Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 29 / 2007
Transaction ID: 71210.C166606
Amount of Each Receipt this Period 200.00
Receipt

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

Mailing Address 7 Acorn St.

City Boston State MA Zip Code 02108

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 ▼ 555.00

Date of Receipt 11 / 28 / 2007
Transaction ID: 71210.C166591
Amount of Each Receipt this Period 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Shields

Mailing Address 122 Hart Street

City Beverly State MA Zip Code 01915

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

Name of Employer Self Employed Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 11 / 19 / 2007
Transaction ID: 71210.C166571
Amount of Each Receipt this Period 3500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 4200.00

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: (check only one)	PAGE 16 / 42		
	<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

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) Derek Smith	Date of Receipt MM / DD / YYYY 11 / 08 / 2007
	Mailing Address 2 Bridal Path Lane	Transaction ID: 71113.C166516
	City State Zip Code Beverly MA 01915	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Castel, Inc CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Arthur Turner	Date of Receipt MM / DD / YYYY 11 / 15 / 2007
	Mailing Address PO Box 543	Transaction ID: 71115.C166534
	City State Zip Code Carlisle MA 01741	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.	Full Name (Last, First, Middle Initial) Raymond Tye	Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 175 Campanelli Drive	Transaction ID: 71210.C166580
	City State Zip Code Braintree MA 02184	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation United Liquors, Ltd. Chairman of the Board of Direc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9500.00	

SUBTOTAL of Receipts This Page (optional)	6100.00
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 / 42

(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

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)
Christopher Vincze

Mailing Address 1 Eisenhaure Lane

City State Zip Code
North Reading MA 01864

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

Name of Employer Occupation
TRC Companies Executive

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 71210.C166554

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Katherine Winter

Mailing Address 10 Marlborough St.

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
Self Employed Homemaker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 71115.C166529

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

40150.00

**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)

<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

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) SCM Associates	Transaction ID: 90508.E11243 Date of Disbursement 11 / 19 / 2007
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 1445.12
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Payment of debt for direct mail - party related non FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYMENT OF DEBT FOR DIRECT MAIL - PARTY RELATED NON FEA
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90508.E11244 Date of Disbursement 11 / 19 / 2007
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 3.58
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Payment of debt for direct mail - party related non FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYMENT OF DEBT FOR DIRECT MAIL - PARTY RELATED NON FEA
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90508.E11242 Date of Disbursement 11 / 19 / 2007
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 15.69
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Payment of debt for direct mail - party related non FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYMENT OF DEBT FOR DIRECT MAIL - PARTY RELATED NON FEA
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1464.39
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 / 42

<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

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) SCM Associates	Transaction ID: 71210.E10033 Date of Disbursement 11 / 19 / 2007
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 475.83
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Payment of debt for direct mail - party related non FEA	PAYMENT OF DEBT FOR DIRECT MAIL - PARTY RELATED NON FEA
	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) Boy Genius- Boy Genius Inc.	Transaction ID: 71210.E10023 Date of Disbursement 11 / 19 / 2007
	Mailing Address PO Box 61	Amount of Each Disbursement this Period 400.00
	City Pascoag State RI Zip Code 02859-	
	Purpose of Disbursement Web Hosting	WEB HOSTING
	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) Css Castle Self-Storage	Transaction ID: 71210.E10034 Date of Disbursement 11 / 19 / 2007
	Mailing Address 39 Old Colony Ave.	Amount of Each Disbursement this Period 678.00
	City Boston State MA Zip Code 02127-	
	Purpose of Disbursement Storage	STORAGE
	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) ▶

1553.83

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) Hui Jojo Deng Mailing Address 117 Beaconsfield Road City Brookline State MA Zip Code 02445- Purpose of Disbursement Accounting Services 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: 71210.E10015 Date of Disbursement 11 / 13 / 2007 Amount of Each Disbursement this Period 693.00 ACCOUNTING SERVICES
B.	Full Name (Last, First, Middle Initial) Datamarks Direct Marketing Mailing Address 37B Averill Street PO Box 68 City Topsfield State MA Zip Code 01983- Purpose of Disbursement Postage for invitations for general Party fundraising event non FEA 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: 71210.E10021 Date of Disbursement 11 / 14 / 2007 Amount of Each Disbursement this Period 2000.00 POSTAGE FOR INVITATIONS FOR GENERAL PARTY FUNDRAISING EVENT NON FEA
C.	Full Name (Last, First, Middle Initial) DirecTV DirecTV Mailing Address PO Box 60036 City Los Angeles State CA Zip Code 90060-0036 Purpose of Disbursement Cable 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: 71210.E10024 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 129.25 CABLE

SUBTOTAL of Disbursements This Page (optional) ▶

2822.25

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

<p>A. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)</p> <p>Mailing Address PO Box 371461</p> <p>City Pittsburgh State PA Zip Code 15250-</p> <p>Purpose of Disbursement Express Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71210.E10025</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="141.72"/></p> <p>EXPRESS MAIL</p>
<p>B. Full Name (Last, First, Middle Initial) Fleet Bank</p> <p>Mailing Address 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71210.E10006</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p>BANK SERVICE CHARGE</p>
<p>C. Full Name (Last, First, Middle Initial) Guardian Guardian</p> <p>Mailing Address Boston Group Office 1 Liberty Square</p> <p>City Boston State MA Zip Code 02109-</p> <p>Purpose of Disbursement Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71113.E9983</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="408.56"/></p> <p>INSURANCE</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="575.28"/>
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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) Bruce Harrison</p> <p>Mailing Address 101 Elm St</p> <p>City Wakefield State MA Zip Code 01880-</p> <p>Purpose of Disbursement Reimbursement for Parking</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: 71210.E10018 Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 36.18</p> <p>REIMBURSEMENT FOR PARKING</p>
<p>B. Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal</p> <p>Mailing Address 1200 Crown Colony Dr.</p> <p>City Quincy State MA Zip Code 02169-</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: 71210.E10017 Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 1411.42</p> <p>HEALTH INSURANCE</p>
<p>C. Full Name (Last, First, Middle Initial) Lyndsay Jones</p> <p>Mailing Address 16 Oval Road</p> <p>City Quincy State MA Zip Code 02170-</p> <p>Purpose of Disbursement Reimbursement for Travel</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: 71210.E10022 Date of Disbursement 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 331.40</p> <p>REIMBURSEMENT FOR TRAVEL</p>

SUBTOTAL of Disbursements This Page (optional)	1779.00
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) Lexis-Nexis Mailing Address PO Box 7247-7090 City Philadelphia State PA Zip Code 19170- Purpose of Disbursement Payment of debt for research party related 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: 71210.E10000 Date of Disbursement 11 / 01 / 2007
	Amount of Each Disbursement this Period 1000.00 PAYMENT OF DEBT FOR RESEARCH PARTY RELATED

B. Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Boston State MA Zip Code 02110- Purpose of Disbursement Credit Card Fee 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: 71210.E10005 Date of Disbursement 11 / 01 / 2007
	Amount of Each Disbursement this Period 25.00 CREDIT CARD FEE

C. Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Boston State MA Zip Code 02110- Purpose of Disbursement Creditr Card Fee 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: 71210.E10004 Date of Disbursement 11 / 01 / 2007
	Amount of Each Disbursement this Period 75.04 CREDITR CARD FEE

SUBTOTAL of Disbursements This Page (optional) ▶	1100.04
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) Konica Minolta Business Systems Mailing Address P.O. Box 7247-0322 City Philadelphia State PA Zip Code 19170-0322 Purpose of Disbursement Copier Rental 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: 71210.E10016 Date of Disbursement 11 / 13 / 2007 Amount of Each Disbursement this Period 778.25 COPIER RENTAL	
B.	Full Name (Last, First, Middle Initial) Communication Inc OBrien Mailing Address PO Box 659 City Wrentham State MA Zip Code 02093- Purpose of Disbursement Phone System 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: 71210.E10027 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 335.00 PHONE SYSTEM	
C.	Full Name (Last, First, Middle Initial) Omni Parker House Mailing Address 60 School Street City Boston State MA Zip Code 02108- Purpose of Disbursement Event-Room Rental for general Party fundraising event - non FEA 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: 71210.E10031 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 1922.76 EVENT-ROOM RENTAL FOR GENERAL PARTY FUNDRAISING EVENT - NON FEA	

SUBTOTAL of Disbursements This Page (optional) ▶

3036.01

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

<p>A. Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey & Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Utility</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: 71210.E10014 Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 879.23</p> <p>UTILITY</p>
<p>B. Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey & Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Rent</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: 71210.E10013 Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 3695.00</p> <p>RENT</p>
<p>C. Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey & Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Rent and Utility</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: 71210.E10043 Date of Disbursement 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 4351.51</p> <p>RENT AND UTILITY</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8925.74

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 Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll-Taxes 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: 71113.E9989 Date of Disbursement 11 / 01 / 2007
	Amount of Each Disbursement this Period 1384.09
	Category/ Type PAYROLL-TAXES
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Service Charge 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) ▼
Amount of Each Disbursement this Period 194.39	Category/ Type PAYROLL SERVICE CHARGE

B. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll- 401 K 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: 71210.E9999 Date of Disbursement 11 / 16 / 2007
	Amount of Each Disbursement this Period 961.54
	Category/ Type PAYROLL- 401 K
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll- 401 K 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) ▼
Amount of Each Disbursement this Period 961.54	Category/ Type PAYROLL- 401 K

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- 401 K 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: 71210.E9999 Date of Disbursement 11 / 16 / 2007
	Amount of Each Disbursement this Period 961.54
	Category/ Type PAYROLL- 401 K
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll- 401 K 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) ▼
Amount of Each Disbursement this Period 961.54	Category/ Type PAYROLL- 401 K

SUBTOTAL of Disbursements This Page (optional) ▶	2540.02
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 Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Servic-401 K 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: 71210.E9997 Date of Disbursement 11 / 16 / 2007
	Amount of Each Disbursement this Period 269.00
	Category/ Type PAYROLL SERVIC-401 K
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll -Taxes 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) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll -Taxes 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: 71210.E9998 Date of Disbursement 11 / 16 / 2007
	Amount of Each Disbursement this Period 1815.82
	Category/ Type PAYROLL -TAXES
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll -Taxes 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) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll -Taxes 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: 71210.E10039 Date of Disbursement 11 / 29 / 2007
	Amount of Each Disbursement this Period 1815.82
	Category/ Type PAYROLL -TAXES
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll -Taxes 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) ▶

3900.64

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 Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll-401 K 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: 71210.E10040 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 961.54 Category/Type PAYROLL-401 K
B.	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 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) ▼	Transaction ID: 71210.E10020 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 38.63 Category/Type BOTTLE WATER
C.	Full Name (Last, First, Middle Initial) Jody's Quik Print Mailing Address P.O. Box 1068 City Middleton State MA Zip Code 01949- Purpose of Disbursement Printing for general party fundraiser - non FEA 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: 71210.E10026 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 690.60 Category/Type PRINTING FOR GENERAL PARTY FUNDRAISER - NON FEA

SUBTOTAL of Disbursements This Page (optional) ▶

1690.77

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)

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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

A.	Full Name (Last, First, Middle Initial) Hudson Portuguese Cl Riverview	Transaction ID: 71210.E10032 Date of Disbursement 11 / 19 / 2007
	Mailing Address 13 Port St.	Amount of Each Disbursement this Period 500.00
	City Hudson State MA Zip Code 01749-	
	Purpose of Disbursement Event - Deposit - general party fundraising event - non-FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	EVENT - DEPOSIT - GENERAL PARTY FUNDRAISING EVENT - NON-FEA
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 71210.E10029 Date of Disbursement 11 / 19 / 2007
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 735.02
	City Des Moines State IA Zip Code 50368-9020	
	Purpose of Disbursement Office Supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	OFFICE SUPPLIES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) T-Mobile T-Mobile	Transaction ID: 71210.E10012 Date of Disbursement 11 / 13 / 2007
	Mailing Address PO Box 790047	Amount of Each Disbursement this Period 1607.79
	City Saint Louis State MO Zip Code 63179-	
	Purpose of Disbursement Phone Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PHONE SERVICES
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

2842.81

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)

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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

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 71210.E10010 Date of Disbursement 11 / 13 / 2007
	Mailing Address P.O. Box 1	Amount of Each Disbursement this Period 413.54
	City Worcester State MA Zip Code 01654- Purpose of Disbursement Phone Candidate Name	PHONE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 71210.E10011 Date of Disbursement 11 / 19 / 2007
	Mailing Address P.O. Box 1	Amount of Each Disbursement this Period 408.07
	City Worcester State MA Zip Code 01654- Purpose of Disbursement Phone Candidate Name	PHONE
	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:	

C.	Full Name (Last, First, Middle Initial) Verizon Internet Services	Transaction ID: 71210.E10009 Date of Disbursement 11 / 13 / 2007
	Mailing Address PO Box 101096	Amount of Each Disbursement this Period 767.62
	City Atlanta State GA Zip Code 30392- Purpose of Disbursement Internet Service Candidate Name	INTERNET SERVICE
	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:	

SUBTOTAL of Disbursements This Page (optional)	1589.23
TOTAL This Period (last page this line number only)	33820.01

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

A.	Full Name (Last, First, Middle Initial) Bruce Harrison	Transaction ID: 71210.E10019 Date of Disbursement 11 / 13 / 2007
	Mailing Address 101 Elm St	Amount of Each Disbursement this Period 1000.00
	City Wakefield State MA Zip Code 01880-	
	Purpose of Disbursement Payroll-Administration 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-ADMINISTRATION SERVICE

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 71113.E9987 Date of Disbursement 11 / 01 / 2007
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1232.51
	City Quincy State MA Zip Code 02170-	
	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) Lyndsay Jones	Transaction ID: 71210.E10001 Date of Disbursement 11 / 16 / 2007
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1232.51
	City Quincy State MA Zip Code 02170-	
	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

SUBTOTAL of Disbursements This Page (optional)	3465.02
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

A.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 71210.E10035 Date of Disbursement 11 / 29 / 2007
	Mailing Address 16 Oval Road	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1232.51
	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) Peter Torkildsen	Transaction ID: 71210.E10002 Date of Disbursement 11 / 16 / 2007
	Mailing Address 1 Stony Brook Road	
	City Chelmsford State MA Zip Code 01863-	Amount of Each Disbursement this Period 676.92
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 71210.E10036 Date of Disbursement 11 / 29 / 2007
	Mailing Address 1 Stony Brook Road	
	City Chelmsford State MA Zip Code 01863-	Amount of Each Disbursement this Period 676.92
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	2586.35
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

A.	Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <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: 71113.E9988 Date of Disbursement 11 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 1399.58 <hr/> PAYROLL
B.	Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <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: 71210.E10003 Date of Disbursement 11 / 16 / 2007 <hr/> Amount of Each Disbursement this Period 1399.58 <hr/> PAYROLL
C.	Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <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: 71210.E10038 Date of Disbursement 11 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 1399.58 <hr/> PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	4198.74
TOTAL This Period (last page this line number only) ▶	10250.11

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 9891.83	Transaction ID: LS90508.E11236	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9891.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Payment of debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 475.83	Transaction ID: LS71210.E10033	
Amount Incurred This Period 0.00	Payment This Period 475.83	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 5311.00	Transaction ID: LS90508.E11245	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5311.00

1) SUBTOTALS This Period This Page (optional).....	▶	15202.83
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Payment of debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 15.69	Transaction ID: LS90508.E11242	
Amount Incurred This Period 0.00	Payment This Period 15.69	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 9980.45	Transaction ID: LS90508.E11247	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9980.45

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Payment of debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 1445.12	Transaction ID: LS90508.E11243	
Amount Incurred This Period 0.00	Payment This Period 1445.12	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	9980.45
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Payment of debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period <input type="text" value="3.58"/>	Transaction ID: LS90508.E11244	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3.58"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period <input type="text" value="3814.75"/>	Transaction ID: LS90513.E11249	
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="3814.75"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period <input type="text" value="3909.25"/>	Transaction ID: LS90513.E11248	
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="3909.25"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="7724.00"/>
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"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 15.37	Transaction ID: LS90513.E11251	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 9351.63	Transaction ID: LS90508.E11237	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9351.63

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

Outstanding Balance Beginning This Period 1250.00	Transaction ID: LS71210.E10000	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 250.00

1) SUBTOTALS This Period This Page (optional).....	▶	9617.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 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 1250.00	Transaction ID: LS90513.E11276	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

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 1250.00	Transaction ID: LS90513.E11277	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENIlsson ENIlsson	Nature of Debt (Purpose): Original debt for IT support party related non fea
Mailing Address 6 Depot Street	
City Westford State MA ZIP Code 01886-	

Outstanding Balance Beginning This Period 1252.00	Transaction ID: LS90513.E11301	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1252.00

1) SUBTOTALS This Period This Page (optional).....	3752.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson	Nature of Debt (Purpose): Original debt for IT support party related non fea
Mailing Address 6 Depot Street	
City State ZIP Code Westford MA 01886-	

Outstanding Balance Beginning This Period 360.00	Transaction ID: LS90513.E11302	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 360.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENlisson ENilsson	Nature of Debt (Purpose): Original debt for IT support party related non fea
Mailing Address 6 Depot Street	
City State ZIP Code Westford MA 01886-	

Outstanding Balance Beginning This Period 411.94	Transaction ID: LS90513.E11303	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 411.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Garage Government Center	Nature of Debt (Purpose): Original debt for parking party related non fea
Mailing Address 50 New Sudbury Street	
City State ZIP Code Boston MA 02114-	

Outstanding Balance Beginning This Period 640.00	Transaction ID: LS90513.E11296	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 640.00

1) SUBTOTALS This Period This Page (optional).....	1411.94
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Garage Government Center			Nature of Debt (Purpose): Original debt for parking party related non fea
Mailing Address 50 New Sudbury Street			
City Boston	State MA	ZIP Code 02114-	

Outstanding Balance Beginning This Period <input type="text" value="640.00"/>		Transaction ID: LS90513.E11295	
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="640.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Garage Government Center			Nature of Debt (Purpose): Original debt for parking party related non fea
Mailing Address 50 New Sudbury Street			
City Boston	State MA	ZIP Code 02114-	

Outstanding Balance Beginning This Period <input type="text" value="640.00"/>		Transaction ID: LS90513.E11300	
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="640.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc.			Nature of Debt (Purpose): Original debt for IT Support party related non fea
Mailing Address PO Box 200105			
City Pittsburgh	State PA	ZIP Code 15251-	

Outstanding Balance Beginning This Period <input type="text" value="696.00"/>		Transaction ID: LS90513.E11288	
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="696.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1976.00"/>
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"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 41 / 42
	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 mindShift Technologies, Inc.	Nature of Debt (Purpose): Original debt for IT Support party related non fea
Mailing Address PO Box 200105	
City State ZIP Code Pittsburgh PA 15251-	

Outstanding Balance Beginning This Period <input type="text" value="1652.00"/>	Transaction ID: LS90513.E11289	
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="1652.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc.	Nature of Debt (Purpose): Original debt for IT Support party related non fea
Mailing Address PO Box 200105	
City State ZIP Code Pittsburgh PA 15251-	

Outstanding Balance Beginning This Period <input type="text" value="1652.00"/>	Transaction ID: LS90513.E11290	
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="1652.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc.	Nature of Debt (Purpose): Original debt for IT Support party related non fea
Mailing Address PO Box 200105	
City State ZIP Code Pittsburgh PA 15251-	

Outstanding Balance Beginning This Period <input type="text" value="1652.00"/>	Transaction ID: LS90513.E11291	
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="1652.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4956.00"/>
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"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc.			Nature of Debt (Purpose): Original debt for IT Support party related non fea
Mailing Address PO Box 200105			
City Pittsburgh	State PA	ZIP Code 15251-	

Outstanding Balance Beginning This Period <input type="text" value="1636.00"/>		Transaction ID: LS90513.E11294	
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="1636.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc.			Nature of Debt (Purpose): Original debt for IT Support party related non fea
Mailing Address PO Box 200105			
City Pittsburgh	State PA	ZIP Code 15251-	

Outstanding Balance Beginning This Period <input type="text" value="1636.00"/>		Transaction ID: LS90513.E11292	
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="1636.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Communication, Inc. Majority			Nature of Debt (Purpose): Original Debt for FEA Get Out the Vote Mailing
Mailing Address 274 Marconi Blvd. Suite 260			
City Columbus	State OH	ZIP Code 43215-	

Outstanding Balance Beginning This Period <input type="text" value="13000.00"/>		Transaction ID: LS90508.E11226	
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="13000.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="16272.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="70892.22"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="70892.22"/>