

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 St.
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 04 01 2010 through 04 30 2010

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

Type or Print Name of Treasurer Brent Anderson

Signature of Treasurer Electronically Filed by Brent Anderson Date 10 16 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		77412.05
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	333748.25									
(c) Total Receipts (from Line 19)	115323.98	1379801.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	449072.23	1457213.43								
7. Total Disbursements (from Line 31)	90147.82	1098289.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	358924.41	358924.41								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	5660.20									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	102750.00	430509.00
(ii) Unitemized	12018.98	80231.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	114768.98	510740.38
(b) Political Party Committees	55.00	55.00
(c) Other Political Committees (such as PACs)	500.00	21400.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	115323.98	532195.38
12. Transfers From Affiliated/Other Party Committees	0.00	847606.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	115323.98	1379801.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	115323.98	1379801.38

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.....	63039.89	365544.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	63039.89	365544.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	677026.52
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	27107.93	55718.49
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	27107.93	55718.49
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	90147.82	1098289.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90147.82	1098289.02

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)	115323.98	532195.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	115323.98	532195.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	63039.89	365544.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	63039.89	365544.01

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

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

FOR LINE NUMBER: PAGE 6 / 47

(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)
G.L. Alcock

Mailing Address 105 Cherry Brook Road

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Self Employed Venture Investing and mgt.

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 00420.C181043

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Denise Bankston

Mailing Address 19 Wentworth Dr.

City State Zip Code
Beverly MA 01915

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

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 00420.C180907

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Timothy Barton

Mailing Address 48 Carpenter St

City State Zip Code
Manchester NH 03104

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

Name of Employer Occupation
Decco, Inc V.P.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: 00520.C181502

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 47
	<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) Robert Beal		Date of Receipt MM / DD / YYYY 04 / 21 / 2010		
	Mailing Address 177 Milk Street		Transaction ID: 00520.C181316		
	City Boston	State MA	Zip Code 02109	Amount of Each Receipt this Period 10000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Beal Companies	Occupation real estate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00			

B.	Full Name (Last, First, Middle Initial) Emmitt Brewingt		Date of Receipt MM / DD / YYYY 04 / 09 / 2010		
	Mailing Address 76 Green Rd		Transaction ID: 00420.C181068		
	City Bolton	State MA	Zip Code 01740	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Information Requested	Occupation Information Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00			

C.	Full Name (Last, First, Middle Initial) John Brock		Date of Receipt MM / DD / YYYY 04 / 27 / 2010		
	Mailing Address 25 Windy Ridge Pkwy		Transaction ID: 00520.C181846		
	City Atlanta	State GA	Zip Code 30339	Amount of Each Receipt this Period 10000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coca Cola	Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00			

SUBTOTAL of Receipts This Page (optional)	▶	20200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 47
(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)
Gould Coleman

Mailing Address 81 Bickford Hill Rd

City State Zip Code
Gardner MA 01440

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 00420.C181163

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Arthur Dantchik

Mailing Address 206 Maple Hill Rd

City State Zip Code
Gladwyne PA 19035

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

Name of Employer SIG LLP Occupation Trader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 00420.C181041

Amount of Each Receipt this Period
10000.00

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

Mailing Address 119 Hyslop Road

City State Zip Code
Brookline MA 02445

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

Name of Employer Bain Capital Occupation Venture Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 00420.C180960

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ► 25100.00

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 9 / 47
	<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) Paul Edgerley	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address 119 Hyslop Road	Transaction ID: 00420.C180961
	City State Zip Code Brookline MA 02445	Amount of Each Receipt this Period -5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bain Capital Venture Capital	
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) Grace Fey	Date of Receipt MM / DD / YYYY 04 / 29 / 2010
	Mailing Address 6 Commonwealth Avenue Apt. 3	Transaction ID: 00520.C182203
	City State Zip Code Boston MA 02116	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Frontier Capital Management Investment Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Mark Gaboury	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 212 Mount Hope St	Transaction ID: 00520.C181501
	City State Zip Code North Attleboro MA 02760	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Information Requested Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 47

(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)

Frank Granara

Mailing Address 95 Shrine Rd.

City State Zip Code
Norwell MA 02061

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

Name of Employer Occupation
GIC President

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 00420.C181059

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John Hansen

Mailing Address 55 Overlook Dr.

City State Zip Code
Westfield MA 01085

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 00520.C182233

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael Hostage

Mailing Address 109 Main St

City State Zip Code
Southborough MA 01772

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

Name of Employer Occupation
Retired Retired

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: 00520.C181314

Amount of Each Receipt this Period

500.00

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 11 / 47

(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)
Virginia Kaneb

Mailing Address 34 Masconomo Street

City State Zip Code
Manchester MA 01944

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation At home

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 27 / 2010

Transaction ID: 00520.C181851

Amount of Each Receipt this Period
15000.00

B.

Full Name (Last, First, Middle Initial)
Virginia Kaneb

Mailing Address 34 Masconomo Street

City State Zip Code
Manchester MA 01944

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation At home

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 27 / 2010

Transaction ID: 00520.C181852

Amount of Each Receipt this Period
-5000.00

C.

Full Name (Last, First, Middle Initial)
Bob Kaufman

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 09 / 2010

Transaction ID: 00420.C181057

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 10250.00

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 / 47
(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)
Brian Kavoojian

Mailing Address 66 Fiske Road

City Wellesley Hills State MA Zip Code 02181

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

Name of Employer Charles River Realty Investors Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 04 / 09 / 2010

Transaction ID: 00420.C181029

Amount of Each Receipt this Period 10000.00

B.

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

Mailing Address 456 Hill Street

City Whitinsville State MA Zip Code 01588

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

Name of Employer Riverdale Mills Corporation Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 09 / 2010

Transaction ID: 00420.C181082

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Drew Leff

Mailing Address 112 Beach St

City Boston State MA Zip Code 02111

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

Name of Employer Information Requested Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 07 / 2010

Transaction ID: 00420.C180981

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 11200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 47

(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)
Angelo Marciano

Mailing Address 27 Lakeshore Ave

City State Zip Code
Beverly MA 01915

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 00420.C181088

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jim Mcmanus

Mailing Address 88 Chestnut St

City State Zip Code
Weston MA 02493

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

Name of Employer Investor Occupation Beachside Capital

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 00420.C181074

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Ann Murphy

Mailing Address 65 Helen Street

City State Zip Code
Waltham MA 02452

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

Name of Employer GPC/ONEILL & Assoc. Occupation Vice President, PR Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 00420.C180912

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 47

(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)
Robert Reynolds

Mailing Address 153 Garfield Road

City State Zip Code
Concord MA 01742

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

Name of Employer Occupation
Putnam Investments Chairman & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: 00420.C180696

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)
Michael Robbins

Mailing Address 105 Colchester St.

City State Zip Code
Brookline MA 02446

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

Name of Employer Occupation
Advest Company Investments

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Transaction ID: 00420.C181220

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Charles Rounds

Mailing Address 107 Mount Vernon St.

City State Zip Code
Boston MA 02108

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 00420.C180886

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

11200.00

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 / 47

(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)

Richard Warren Russell

Mailing Address PO Box 638

City State Zip Code
Dover MA 02030

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) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 00520.C181595

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)

Stephen Sherrill

Mailing Address 765 Park Ave

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Bruckman Rosser Sherrill and C Private Equity Investments

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 00420.C181052

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)

Kevin Shield

Mailing Address 11 Winslow Rd

City State Zip Code
Chelmsford MA 01824

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: 00520.C181504

Amount of Each Receipt this Period
1400.00

SUBTOTAL of Receipts This Page (optional)

7400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 85 Monadnock Rd.

City Wellesley State MA Zip Code 02481

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

Name of Employer Columbia University Occupation Academic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 9000.00

Date of Receipt 04 / 21 / 2010
Transaction ID: 00520.C181318
Amount of Each Receipt this Period 9000.00

B. Full Name (Last, First, Middle Initial)
Gordon Taylor

Mailing Address 439 South Shelburne Rd.

City Shelburne State MA Zip Code 01370

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

Name of Employer Blackmer Insurance Agency, Inc Occupation Indep. Ins. Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 30 / 2010
Transaction ID: 00520.C182227
Amount of Each Receipt this Period 100.00

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

Mailing Address 495 Hugh Cargill Rd

City Concord State MA Zip Code 01742

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

Name of Employer Self Employed Occupation Private Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2010
Transaction ID: 00520.C181499
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 9600.00

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 / 47
	(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) Jacques Wajsfelner		Date of Receipt MM / DD / YYYY 04 / 02 / 2010
Mailing Address 298 Concord Rd.		Transaction ID: 00420.C180698
City Weston	State MA	Zip Code 02493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Henry Weaver		Date of Receipt MM / DD / YYYY 04 / 02 / 2010
Mailing Address 37 Baskin Rd.		Transaction ID: 00420.C180720
City Lexington	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	102750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 47
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Vasilika Tsucalas		Date of Receipt		
	Mailing Address 67 High Street Apt. #2		M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0		
	City Everett	State MA	Zip Code 02149	Transaction ID: 00420.C180870	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00		
	Name of Employer	Occupation			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 55.00			

SUBTOTAL of Receipts This Page (optional)	55.00
TOTAL This Period (last page this line number only)	55.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 47
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Committee to Elect Brad Jones		Date of Receipt
Mailing Address 249 Park St.		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
City	State	Zip Code
North Reading	MA	01864
FEC ID number of contributing federal political committee.		Transaction ID: 00420.C180695
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="500.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="500.00"/>

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

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

A.	Full Name (Last, First, Middle Initial) BFSdaniels BFSdaniels	Transaction ID: 00520.E12090
	Mailing Address	Date of Disbursement 04 / 01 / 2010
	City State Zip Code	Amount of Each Disbursement this Period 191.25
	Purpose of Disbursement PRINTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BFSdaniels BFSdaniels	Transaction ID: 00520.E12105
	Mailing Address	Date of Disbursement 04 / 08 / 2010
	City State Zip Code	Amount of Each Disbursement this Period 819.19
	Purpose of Disbursement PRINTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BFSdaniels BFSdaniels	Transaction ID: 00520.E12118
	Mailing Address	Date of Disbursement 04 / 28 / 2010
	City State Zip Code	Amount of Each Disbursement this Period 191.25
	Purpose of Disbursement PRINTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1201.69
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) Nick Connors	Transaction ID: 00520.E12132 Date of Disbursement 04 / 08 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1133.73
	City Stoneham State MA Zip Code 02180	
	Purpose of Disbursement REIMBURSEMENT SEE BELOW	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Webconnex	Transaction ID: 00520.E12133 Date of Disbursement 04 / 08 / 2010
	Mailing Address	Amount of Each Disbursement this Period 1133.73
	City State Zip Code	
	Purpose of Disbursement MEMO: NICK CONNORS REIMBURSEMENT FOR INT	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00520.E12137 Date of Disbursement 04 / 08 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1167.98
	City Stoneham State MA Zip Code 02180	
	Purpose of Disbursement REIMBURSEMENT PARKINGFOODTRAVELCELL PHON	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2301.71
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) Keswick Consulting</p> <p>Mailing Address 231 Victory Road</p> <p>City Quincy State MA Zip Code 02171</p> <p>Purpose of Disbursement POLITICAL CONSULTING FEE- PARTY RELATED</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: 00520.E12104 Date of Disbursement 04 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Tara Esfahanian</p> <p>Mailing Address 177 Upham St.</p> <p>City Melrose State MA Zip Code 02176</p> <p>Purpose of Disbursement FUNDRAISING CONSULTANT FEE FOR PARTY REL</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: 00520.E12110 Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kaitlyn Greeley</p> <p>Mailing Address 34 Fresno St.</p> <p>City Boston State MA Zip Code 02131</p> <p>Purpose of Disbursement REIMBURSEMENT FOR PARKING FOOD 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: 00520.E12148 Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 243.74</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5743.74

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)

PAGE 23 / 47

<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) Guardian Guardian	Transaction ID: 00520.E12153 Date of Disbursement
	Mailing Address Boston Group Office 1 Liberty Square	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Boston State MA Zip Code 02109	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="129.93"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JASON KAUPPI	Transaction ID: 00520.E12096 Date of Disbursement
	Mailing Address 27 Townly Road	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Watertown State MA Zip Code 02472	Amount of Each Disbursement this Period
	Purpose of Disbursement COMMUNICATIONS CONSULTING FEE	<input type="text" value="3000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Susan Keene	Transaction ID: 00520.E12094 Date of Disbursement
	Mailing Address 76 Locksley Rd.	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Lynnfield State MA Zip Code 01940	Amount of Each Disbursement this Period
	Purpose of Disbursement ACCOUNTING SERVICE	<input type="text" value="1781.50"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4911.43"/>
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

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

<p>A. Full Name (Last, First, Middle Initial) Melissa Lucas</p> <p>Mailing Address 22 Slayton Road</p> <p>City Melrose State MA Zip Code 02176</p> <p>Purpose of Disbursement FUNDRAISING CONSULTING FEE FOR PARTY REL</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: 00520.E12112 Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Magan Munson</p> <p>Mailing Address 209 bunker hill st Apt 1</p> <p>City Boston State MA Zip Code 02129</p> <p>Purpose of Disbursement REIMBURSEMENT FOR PARKING FOOD TRAVEL C</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: 00520.E12122 Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 153.05</p>
<p>C. Full Name (Last, First, Middle Initial) Magan Munson</p> <p>Mailing Address 209 bunker hill st Apt 1</p> <p>City Boston State MA Zip Code 02129</p> <p>Purpose of Disbursement REIMBURSEMENT PARKING FOOD TRAVELCELL PH</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: 00520.E12147 Date of Disbursement 04 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 152.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2805.05

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 25 / 47

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

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

A.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 00520.E12123 Date of Disbursement 04 / 28 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	Amount of Each Disbursement this Period 275.28
	City Boston State MA Zip Code 02129	
	Purpose of Disbursement REIMBURSEMENT SEE BELOW	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 00520.E12150 Date of Disbursement 04 / 28 / 2010
	Mailing Address PO Box 5029	Amount of Each Disbursement this Period 275.28
	City Wallingford State CT Zip Code 06492	
	Purpose of Disbursement MEMO: REIMBURSEMENT FOR J. NASSOUR FOR C	
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 00520.E12149 Date of Disbursement 04 / 28 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	Amount of Each Disbursement this Period 173.23
	City Boston State MA Zip Code 02129	
	Purpose of Disbursement REIMBURSEMENT FOR PARKING FOOD AND TRAVE	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	448.51
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) Jennifer Nassour	Transaction ID: 00520.E12165 Date of Disbursement 04 / 01 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	Amount of Each Disbursement this Period 161.90
	City Boston State MA Zip Code 02129	
	Purpose of Disbursement REIMBURSEMENT FOR PARKING FOOD TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) William Walker	Transaction ID: 00520.E12125 Date of Disbursement 04 / 08 / 2010
	Mailing Address 24 Sidlaw Road Apt 3	Amount of Each Disbursement this Period 62.00
	City Brighton State MA Zip Code 02135	
	Purpose of Disbursement REIMBURSEMENT FOR PARKING FOOD TRAVEL	
	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) ▼

C.	Full Name (Last, First, Middle Initial) William Walker	Transaction ID: 00520.E12126 Date of Disbursement 04 / 08 / 2010
	Mailing Address 24 Sidlaw Road Apt 3	Amount of Each Disbursement this Period 170.73
	City Brighton State MA Zip Code 02135	
	Purpose of Disbursement REIMBURSEMENT FOR PARKINGFOOD TRAVELPHON	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	394.63
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) William Walker	Transaction ID: 00520.E12128 Date of Disbursement 04 / 08 / 2010
	Mailing Address 24 Sidlaw Road Apt 3	Amount of Each Disbursement this Period 200.00
	City Brighton State MA Zip Code 02135	
	Purpose of Disbursement REIMBURSEMENT FOR PARKINGFOODTRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 00520.E12138 Date of Disbursement 04 / 08 / 2010
	Mailing Address PO Box 1270	Amount of Each Disbursement this Period 1014.90
	City Newark State NJ Zip Code 07101	
	Purpose of Disbursement CREDIT CARD: SEE BELOW	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Boston Beer Works	Transaction ID: 00520.E12145 Date of Disbursement 04 / 08 / 2010
	Mailing Address	Amount of Each Disbursement this Period 212.51
	City State Zip Code	
	Purpose of Disbursement MEMO: AMEX - STAFF LUNCH	
	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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	1214.90
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) Barrows Insurance	Transaction ID: 00520.E12092
	Mailing Address 215 North Main St.	Date of Disbursement MM / DD / YYYY 04 / 01 / 2010
	City Mansfield State MA Zip Code 02048	Amount of Each Disbursement this Period 260.00
	Purpose of Disbursement INSURANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Barrows Insurance	Transaction ID: 00520.E12099
	Mailing Address 215 North Main Street	Date of Disbursement MM / DD / YYYY 04 / 08 / 2010
	City Mansfield State MA Zip Code 02048	Amount of Each Disbursement this Period 2005.12
	Purpose of Disbursement LIABILITY INSURANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts	Transaction ID: 00520.E12102
	Mailing Address Landmark Center 401 Park Drive	Date of Disbursement MM / DD / YYYY 04 / 08 / 2010
	City Boston State MA Zip Code 02215	Amount of Each Disbursement this Period 1470.31
	Purpose of Disbursement HEALTH INSURANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3735.43
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Boston Postmaster	Transaction ID: 00520.E12113 Date of Disbursement
	Mailing Address JW MCCORMACK STATION New Chardon Street	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Boston State MA Zip Code 02114	Amount of Each Disbursement this Period
	Purpose of Disbursement NON FEA PARTY RELATED POSTAGE	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Boston Postmaster	Transaction ID: 00520.E12152 Date of Disbursement
	Mailing Address JW MCCORMACK STATION New Chardon Street	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Boston State MA Zip Code 02114	Amount of Each Disbursement this Period
	Purpose of Disbursement NON FEA PARTY RELATED POSTAGE	<input type="text" value="1760.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Byte Bulb	Transaction ID: 00520.E12109 Date of Disbursement
	Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Hanover State MA Zip Code 02339	Amount of Each Disbursement this Period
	Purpose of Disbursement PARTY RELATED WEBSITE DEVELOPMENT	<input type="text" value="110.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2370.00"/>
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

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

A.	Full Name (Last, First, Middle Initial) Castle Self Storage	Transaction ID: 00520.E12103
	Mailing Address 39 Old Colony Ave.	Date of Disbursement MM / DD / YYYY 04 / 08 / 2010
	City Boston State MA Zip Code 02127	Amount of Each Disbursement this Period 69.09
	Purpose of Disbursement STORAGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) DCU Center	Transaction ID: 00520.E12120
	Mailing Address 50 Foster Street	Date of Disbursement MM / DD / YYYY 04 / 28 / 2010
	City Worcester State MA Zip Code 01608	Amount of Each Disbursement this Period 91.01
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) DirctTV	Transaction ID: 00520.E12111
	Mailing Address PO Box 60036	Date of Disbursement MM / DD / YYYY 04 / 15 / 2010
	City Los Angeles State CA Zip Code 90060	Amount of Each Disbursement this Period 49.34
	Purpose of Disbursement CABLE TV	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	209.44
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) Direct Mail Systems	Transaction ID: 00520.E12098 Date of Disbursement
	Mailing Address 12450 Automobile Boulevard	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Clearwater State FL Zip Code 33762	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL -PARTY RELATED NON FEA	<input type="text" value="1095.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Direct Mail Systems	Transaction ID: 00520.E12162 Date of Disbursement
	Mailing Address 12450 Automobile Boulevard	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Clearwater State FL Zip Code 33762	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL PARTY RELATED NON FEA	<input type="text" value="1095.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 00520.E12107 Date of Disbursement
	Mailing Address PO Box 371461	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Pittsburgh State PA Zip Code 15250	Amount of Each Disbursement this Period
	Purpose of Disbursement EXPRESS MAIL	<input type="text" value="29.61"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2219.61"/>
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

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

A.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 00520.E12117 Date of Disbursement																			
	Mailing Address PO Box 371461	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	1	0												
	City Pittsburgh State PA Zip Code 15250	Amount of Each Disbursement this Period																			
	Purpose of Disbursement EXPRESS MAIL	<table border="1"><tr><td>29.07</td></tr></table>	29.07																		
29.07																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 00520.E12101 Date of Disbursement																			
	Mailing Address 7300 Hudson Blvd. Ste	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	1	0												
	City Saint Paul State MN Zip Code 55128	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PARTY RELATED TELEMARKETING FUNDRAISING	<table border="1"><tr><td>1742.00</td></tr></table>	1742.00																		
1742.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Kauppi Communications	Transaction ID: 00520.E12114 Date of Disbursement																			
	Mailing Address 27 Townly Road	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	8		2	0	1	0												
	City Watertown State MA Zip Code 02472	Amount of Each Disbursement this Period																			
	Purpose of Disbursement COMMUNICATIONS CONSULTING FEE	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4771.07</td></tr></table>	4771.07
4771.07		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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

Purpose of Disbursement
COPIER LEASE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00520.E12097

Date of Disbursement

04 / 08 / 2010

Amount of Each Disbursement this Period

767.91

B. Full Name (Last, First, Middle Initial)
Marriott Burlington

Mailing Address

City State Zip Code

Purpose of Disbursement
GOPAC EVENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00520.E12130

Date of Disbursement

04 / 15 / 2010

Amount of Each Disbursement this Period

3151.60

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
CREDIT CARD FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00520.E12154

Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

3944.51

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) Merchants Bankcard	Transaction ID: 00520.E12155 Date of Disbursement
	Mailing Address Fleet Bank 100 Federal Street	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Boston State MA Zip Code 02110	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD FEE	<input type="text" value="74.99"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 00520.E12157 Date of Disbursement
	Mailing Address Fleet Bank 100 Federal Street	<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Boston State MA Zip Code 02110	Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD	<input type="text" value="309.27"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Ox-Eye Properties	Transaction ID: 00520.E12093 Date of Disbursement
	Mailing Address c/o Massey & Co. 85 Merrimac Street	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Boston State MA Zip Code 02114	Amount of Each Disbursement this Period
	Purpose of Disbursement RENT & UTILITIES	<input type="text" value="4692.24"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5076.50"/>
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)

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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) Paychex/InterPay	Transaction ID: 00520.E12065 Date of Disbursement																			
	Mailing Address PO Box 8295	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	0												
	City Boston State MA Zip Code 02266	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL TAX	<table border="1"><tr><td>3772.46</td></tr></table>	3772.46																		
3772.46																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 00520.E12068 Date of Disbursement																			
	Mailing Address PO Box 8295	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	0												
	City Boston State MA Zip Code 02266	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL FEE	<table border="1"><tr><td>77.02</td></tr></table>	77.02																		
77.02																					
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 00520.E12075 Date of Disbursement																			
	Mailing Address PO Box 8295	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	0												
	City Boston State MA Zip Code 02266	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL FEE	<table border="1"><tr><td>79.88</td></tr></table>	79.88																		
79.88																					
	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) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3929.36</td></tr></table>	3929.36
3929.36		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) Paychex/InterPay	Transaction ID: 00520.E12076 Date of Disbursement																			
	Mailing Address PO Box 8295	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	0												
	City Boston State MA Zip Code 02266	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL TAX	<table border="1"><tr><td>4212.45</td></tr></table>	4212.45																		
4212.45																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 00520.E12081 Date of Disbursement																			
	Mailing Address PO Box 8295	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	0												
	City Boston State MA Zip Code 02266	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL TAX	<table border="1"><tr><td>5346.97</td></tr></table>	5346.97																		
5346.97																					
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 00520.E12082 Date of Disbursement																			
	Mailing Address PO Box 8295	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	0												
	City Boston State MA Zip Code 02266	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL FEE	<table border="1"><tr><td>90.43</td></tr></table>	90.43																		
90.43																					
	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) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>9649.85</td></tr></table>	9649.85
9649.85		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Poland Spring <hr/> Mailing Address Processing Center PO Box 52271 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement BOTTLED WATER Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00520.E12116 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 58.51
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SCM Associates <hr/> Mailing Address Steve Meyers 1283 Main Street <hr/> City Dublin State NH Zip Code 03444 <hr/> Purpose of Disbursement DIRECT MAIL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00520.E12095 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 153.71
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SCR & Associates <hr/> Mailing Address 4 Leblanc Dr <hr/> City Danvers State MA Zip Code 01923 <hr/> Purpose of Disbursement FUNDRAISING CONSULTING FEE-PARTY RELATED Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00520.E12106 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 6000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6212.22

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) Sprint/Nextel	Transaction ID: 00520.E12121 Date of Disbursement
	Mailing Address PO Box 17990	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Denver State CO Zip Code 80217	Amount of Each Disbursement this Period
	Purpose of Disbursement CELL PHONE	<input type="text" value="78.18"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 00520.E12119 Date of Disbursement
	Mailing Address Staples Credit Plan	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Des Moines State IA Zip Code 50368	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE SUPPLIES	<input type="text" value="753.36"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 00520.E12108 Date of Disbursement
	Mailing Address P.O. Box 1	<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Worcester State MA Zip Code 01654	Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE PHONE	<input type="text" value="643.21"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1474.75"/>
TOTAL This Period (last page this line number only)	<input type="text" value="62614.40"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00520.E12062 Date of Disbursement MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1941.42
	City Stoneham State MA Zip Code 02180	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00520.E12071 Date of Disbursement MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1941.42
	City Stoneham State MA Zip Code 02180	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00520.E12086 Date of Disbursement MM / DD / YYYY 04 / 29 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1941.42
	City Stoneham State MA Zip Code 02180	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5824.26
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tarah Donoghue</p> <p>Mailing Address 3 Main Street</p> <p>City Dover State MA Zip Code 02030</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00520.E12063</p> <p>Date of Disbursement MM / DD / YYYY 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1547.28</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tarah Donoghue</p> <p>Mailing Address 3 Main Street</p> <p>City Dover State MA Zip Code 02030</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00520.E12072</p> <p>Date of Disbursement MM / DD / YYYY 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1547.28</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tarah Donoghue</p> <p>Mailing Address 3 Main Street</p> <p>City Dover State MA Zip Code 02030</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00520.E12088</p> <p>Date of Disbursement MM / DD / YYYY 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1547.28</p>

SUBTOTAL of Disbursements This Page (optional)	4641.84
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00520.E12064 Date of Disbursement MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131	Amount of Each Disbursement this Period 1032.34
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00520.E12073 Date of Disbursement MM / DD / YYYY 04 / 15 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131	Amount of Each Disbursement this Period 1032.32
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00520.E12084 Date of Disbursement MM / DD / YYYY 04 / 29 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131	Amount of Each Disbursement this Period 1032.33
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3096.99
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) Kirsten Hughes	Transaction ID: 00520.E12069 Date of Disbursement 04 / 01 / 2010
	Mailing Address 72 Davis Street	Amount of Each Disbursement this Period 1092.56
	City Quincy State MA Zip Code 02170	
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kirsten Hughes	Transaction ID: 00520.E12074 Date of Disbursement 04 / 15 / 2010
	Mailing Address 72 Davis Street	Amount of Each Disbursement this Period 1092.56
	City Quincy State MA Zip Code 02170	
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kirsten Hughes	Transaction ID: 00520.E12089 Date of Disbursement 04 / 29 / 2010
	Mailing Address 72 Davis Street	Amount of Each Disbursement this Period 1092.58
	City Quincy State MA Zip Code 02170	
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3277.70
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Magan Munson</p> <p>Mailing Address 209 bunker hill st Apt 1</p> <p>City Boston State MA Zip Code 02129</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00520.E12066</p> <p>Date of Disbursement MM / DD / YYYY 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1222.89</p>
<p>B. Full Name (Last, First, Middle Initial) Magan Munson</p> <p>Mailing Address 209 bunker hill st Apt 1</p> <p>City Boston State MA Zip Code 02129</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00520.E12078</p> <p>Date of Disbursement MM / DD / YYYY 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1222.89</p>
<p>C. Full Name (Last, First, Middle Initial) Magan Munson</p> <p>Mailing Address 209 bunker hill st Apt 1</p> <p>City Boston State MA Zip Code 02129</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00520.E12085</p> <p>Date of Disbursement MM / DD / YYYY 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1222.89</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3668.67

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) Michael Rigas	Transaction ID: 00520.E12080 Date of Disbursement 04 / 15 / 2010
	Mailing Address 24 Concord Ave, Apt 415	Amount of Each Disbursement this Period 820.66
	City Cambridge State MA Zip Code 02138	
	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) ▼

B.	Full Name (Last, First, Middle Initial) Michael Rigas	Transaction ID: 00520.E12087 Date of Disbursement 04 / 29 / 2010
	Mailing Address 24 Concord Ave, Apt 415	Amount of Each Disbursement this Period 1523.40
	City Cambridge State MA Zip Code 02138	
	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) ▼

C.	Full Name (Last, First, Middle Initial) William Walker	Transaction ID: 00520.E12067 Date of Disbursement 04 / 01 / 2010
	Mailing Address 24 Sidlaw Road Apt 3	Amount of Each Disbursement this Period 1418.14
	City Brighton State MA Zip Code 02135	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	3762.20
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 45 / 47

<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) William Walker <hr/> Mailing Address 24 Sidlaw Road Apt 3 <hr/> City Brighton State MA Zip Code 02135 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00520.E12079 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 1418.13
B.	Full Name (Last, First, Middle Initial) William Walker <hr/> Mailing Address 24 Sidlaw Road Apt 3 <hr/> City Brighton State MA Zip Code 02135 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00520.E12083 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 1418.14

SUBTOTAL of Disbursements This Page (optional) ▶

2836.27

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

27107.93

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 46 / 47
	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 FLS Connect	Nature of Debt (Purpose): Original Debt for telemar- keting non-fea
Mailing Address 7300 Hudson Blvd. Ste	
City State ZIP Code Saint Paul MN 55128	

Outstanding Balance Beginning This Period 3910.20	Transaction ID: LS91217.E11763	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3910.20

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 State ZIP Code Philadelphia PA 19170	

Outstanding Balance Beginning This Period 250.00	Transaction ID: LS90513.E11275	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

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

Outstanding Balance Beginning This Period 250.00	Transaction ID: LS90513.E11276	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

1) SUBTOTALS This Period This Page (optional).....	▶	4410.20
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)	PAGE 47 / 47	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

1) SUBTOTALS This Period This Page (optional).....	1250.00
2) TOTALS This Period (last page this line number only).....	5660.20
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	5660.20