



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Massachusetts Republican Party

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="191359.55"/>	<input type="text" value="191359.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="113370.58"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="68269.60"/>	<input type="text" value="575402.53"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="181640.18"/>	<input type="text" value="766762.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83045.38"/>	<input type="text" value="668167.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="98594.80"/>	<input type="text" value="98594.80"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Massachusetts Republican Party**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35397.77	336643.10
(ii) Unitemized .....	13745.44	170444.38
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	49143.21	507087.48
(b) Political Party Committees .....	0.00	28500.00
(c) Other Political Committees (such as PACs).....	16000.00	27405.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	65143.21	562992.48
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	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).....	3126.39	12410.05
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	3126.39	12410.05
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	68269.60	575402.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	65143.21	562992.48

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	3909.60	10287.46
(ii) Non-Federal Share.....	6950.42	18288.87
(b) Other Federal Operating Expenditures .....	55233.61	605787.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	66093.63	634364.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	6750.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	5500.00	5500.00
(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)).....	5500.00	5500.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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 .....	11451.75	21553.28
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	11451.75	21553.28
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83045.38	668167.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76094.96	649878.41

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	65143.21	562992.48
34. Total Contribution Refunds (from Line 28(d)) .....	5500.00	5500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	59643.21	557492.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	59143.21	616075.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	59143.21	616075.13

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

This amendment has been filed in response to a request for additional information dated 12/7/2012 to clarify certain expenditure descriptions and certain expenditures as memo expenditures in connection with reimbursements to individuals. Balances have been adjusted as necessary. Schedule H4 expenditures listed in this report are all administrative expenses, therefore do not require an activity or event identifier.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

**A. MR. KENNETH G. BUCKLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 WARREN ST  
 City NEEDHAM State MA Zip Code 02492  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 INFO REQUESTED 12/13/11 INFO REQUESTED 12/13/11  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 11 / 02 / 2011  
**Transaction ID : SA11.187046**  
 Amount of Each Receipt this Period  
 110.00  
 CONTRIBUTION

**B. MR. JOHN G.L. CABOT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 TUCKS POINT RD  
 City MANCHESTER State MA Zip Code 01944  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 11 / 08 / 2011  
**Transaction ID : SA11.187198**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. MS. SYBIL A. CAMPBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 BEECHWOOD AVE  
 City WATERTOWN State MA Zip Code 02472  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 582.00

Date of Receipt  
 11 / 03 / 2011  
**Transaction ID : SA11.187144**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 860.00  
**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 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)  
**A. MS. SYBIL A. CAMPBELL**

Mailing Address 70 BEECHWOOD AVE

City State Zip Code  
 WATERTOWN MA 02472

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 582.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2011

**Transaction ID : SA11.187315**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MRS. LOUISE CONDON**

Mailing Address 15 TAMARACK LN

City State Zip Code  
 NEEDHAM MA 02492

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

Name of Employer Occupation  
 SELF EMPLOYED REAL ESTATE BROKER

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2011

**Transaction ID : SA11.187070**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. WOLFGANG FALCONE**

Mailing Address 80 HANCOCK AVE

City State Zip Code  
 BROCKTON MA 02301

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2011

**Transaction ID : SA11.187302**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)  
**A. MS. GLADYS GILMARTIN**

Mailing Address 42 BELLEVUE

City State Zip Code  
 WELLESLEY MA 02481

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011

**Transaction ID : SA11.187032**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR. ROY DOUGLAS HALL III**

Mailing Address 185 MAIN ST

City State Zip Code  
 WENHAM MA 01984

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

Name of Employer Occupation  
 PROTEUS INDUSTRIES CFO

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2011

**Transaction ID : SA11.187088**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. TERRY HENDRIX**

Mailing Address 20 RAMBLEWOOD DR

City State Zip Code  
 ASHLAND MA 01721

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2011

**Transaction ID : SA11.187140**

Amount of Each Receipt this Period  
 35.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 585.00

**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 10 OF 53
	<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 Party**

**A. MR. GEORGE HOGUET**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 CHESHAM RD

City BROOKLINE State MA Zip Code 02445

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

Name of Employer STATE STREET GLOBAL ADVISERS Occupation MANAGING DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
11 / 08 / 2011  
**Transaction ID : SA11.187193**

Amount of Each Receipt this Period  
700.00

CONTRIBUTION

**B. MR. WILL HORSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 EVERGREEN LN

City ANDOVER State MA Zip Code 01810

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
11 / 11 / 2011  
**Transaction ID : SA11.187255**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. MR. WILLIAM K. HOSKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 85 E INDIA ROW  
APT. 20A

City BOSTON State MA Zip Code 02110

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

Name of Employer HOSKINS & ASSOCIATES Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
11 / 18 / 2011  
**Transaction ID : SA11.187299**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1950.00

**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 11 OF 53
	<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 Party**

**A. MR. STEPHEN JEFFRIES**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 BRIMMER ST  
MAIL ONCE

City BOSTON State MA Zip Code 02108

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

Name of Employer S.B. JEFFRIES CONSULTANTS Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2422.23

Date of Receipt 11 / 01 / 2011  
**Transaction ID : SA11.186979**

Amount of Each Receipt this Period 277.77

CONTRIBUTION

**B. MRS. ELIZABETH JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 CHARLES RIVER SQ

City BOSTON State MA Zip Code 02114

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 04 / 2011  
**Transaction ID : SA11.187177**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C. MR. MICHAEL KANE**  
Full Name (Last, First, Middle Initial)

Mailing Address 162 POND ST

City ASHLAND State MA Zip Code 01721

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

Name of Employer SELF EMPLOYED Occupation BUILDER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 10 / 2011  
**Transaction ID : SA11.187237**

Amount of Each Receipt this Period 200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 727.77

**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 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)  
**A. MR. KEVIN LANDRY**

Mailing Address **250 BOYLSTON ST**  
**SUITE 6**

City **BOSTON** State **MA** Zip Code **02116**

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

Name of Employer **TA ASSOCIATES** Occupation **CEO**

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**15000.00**

Date of Receipt  
**11 / 02 / 2011**

**Transaction ID : SA11.187132**

Amount of Each Receipt this Period  
**15000.00**

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. MRS. CLAIRE A. LANE**

Mailing Address **55 JOHN WISE AVE**

City **ESSEX** State **MA** Zip Code **01929**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**11 / 15 / 2011**

**Transaction ID : SA11.187274**

Amount of Each Receipt this Period  
**250.00**

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MR. DONALD LUKENS**

Mailing Address **PO BOX 401**

City **OSTERVILLE** State **MA** Zip Code **02655**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**11 / 01 / 2011**

**Transaction ID : SA11.187037**

Amount of Each Receipt this Period  
**500.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **15750.00**

**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 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

**A. MR. FREDERICK MCALPINE MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 LOOKOUT FARM RD  
 City NATICK State MA Zip Code 01760  
 FEC ID number of contributing federal political committee. C  
 Name of Employer LAHEY CLINIC MEDICAL CENTER Occupation RETIRED  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2011  
**Transaction ID : SA11.187095**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. P ANDREWS MCLANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 DEAN RD  
 City WESTON State MA Zip Code 02493  
 FEC ID number of contributing federal political committee. C  
 Name of Employer TA ASSOCIATES, INC. Occupation PRIVATE EQUITY INVESTMENTS  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2011  
**Transaction ID : SA11.187041**  
 Amount of Each Receipt this Period  
 10000.00  
 CONTRIBUTION

**C. MR. HENRY H. MEYER JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 CHESTNUT ST  
 City BOSTON State MA Zip Code 02108  
 FEC ID number of contributing federal political committee. C  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2011  
**Transaction ID : SA11.187013**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 11100.00  
**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 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

**A. DR. EDWARD MICHAUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 HIGHLAND ST  
 City WESTON State MA Zip Code 02493  
 FEC ID number of contributing federal political committee. C  
 Name of Employer SELF EMPLOYED Occupation ORTHODONTIST  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2011  
**Transaction ID : SA11.187043**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. THOMAS O'CONNOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 PLEASANT ST  
 City CANTON State MA Zip Code 02021  
 FEC ID number of contributing federal political committee. C  
 Name of Employer O'CONNOR CONSTRUCTORS Occupation BUSINESS OWNER  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2011  
**Transaction ID : SA11.187067**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C. MR. ALBERT PALADINO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 WACHUSETT RD  
 City CHESTNUT HILL State MA Zip Code 02467  
 FEC ID number of contributing federal political committee. C  
 Name of Employer SELF-EMPLOYED Occupation CONSULTANT  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2011  
**Transaction ID : SA11.187136**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 400.00  
**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 15 OF 53
	<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 Party**

**A. MR. BRIAN A. PONTOLILO**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 WESTLOOK LN

City WESTPORT State MA Zip Code 02790

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

Name of Employer Occupation  
INFO REQUESTED 12/13/11 INFO REQUESTED 12/13/11

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 02 / 2011  
**Transaction ID : SA11.187076**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. MR. HAROLD I. PRATT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1010 MEMORIAL DR #9A

City CAMBRIDGE State MA Zip Code 02138

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

Name of Employer Occupation  
NICHOLS & PRATT, LLP PRIVATE TRUSTEE

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 04 / 2011  
**Transaction ID : SA11.187170**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C. MR. JAMES M. REDFERN**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 CONANT ST

City BRIDGEWATER State MA Zip Code 02324

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
11 / 02 / 2011  
**Transaction ID : SA11.187053**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

**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 OF 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Party**

**A. MR. MICHAEL J.E. REILLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 67 UNIVERSITY RD  
 APT. 1  
 City BROOKLINE State MA Zip Code 02445  
 Name of Employer GOOGLE, INC Occupation TRAVEL INDUSTRY SUBJECT MATTER EXP  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2011  
**Transaction ID : SA11.187089**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. JOHN SIVOLELLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 MONADNOCK RD  
 City WELLESLEY State MA Zip Code 02481  
 Name of Employer COLUMBIA UNIVERSITY Occupation ACADEMIC  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : SA11.187338**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. MR. RICHARD N. VANDERNOOT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 VALLEY RD  
 City WELLESLEY State MA Zip Code 02481  
 Name of Employer STARENSIER/COSMO Occupation TEXTILE MANAGER  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2011  
**Transaction ID : SA11.187307**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> 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 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

**A. MS. KATHERINE B. WINTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 MARLBOROUGH ST  
 City State Zip Code  
 BOSTON MA 02116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED HOMEMAKER  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011  
**Transaction ID : SA11.187029**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B. MR. LUM WONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 181 MANLEY ST  
 City State Zip Code  
 BROCKTON MA 02301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOSTON GLOBE MAIL ROOM  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2011  
**Transaction ID : SA11.187048**  
 Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**C. MR. GEORGE YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 WALKER ST  
 APT. 252  
 City State Zip Code  
 LENOX MA 01240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2011  
**Transaction ID : SA11.187148**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**TOTAL** This Period (last page this line number only)..... ▶ 35397.77

**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 18 OF 53
<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 Party**

Full Name (Last, First, Middle Initial) <b>A. ABBOTT LABORATORIES</b>		Date of Receipt
Mailing Address <b>MARIA CAHILL</b> <b>100 ABBOTT PARK RD</b>		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City <b>NORTH CHICAGO</b>	State <b>IL</b>	Zip Code <b>60064</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00040279"/>	<b>Transaction ID : SA11.187042</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	<b>CONTRIBUTION</b>

Full Name (Last, First, Middle Initial) <b>B. FRESENIUS MEDICAL CARE</b>		Date of Receipt
Mailing Address <b>ROBERT SEPUCHA</b> <b>920 WINTER ST</b>		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City <b>WALTHAM</b>	State <b>MA</b>	Zip Code <b>02451</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00401299"/>	<b>Transaction ID : SA11.187006</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<b>CONTRIBUTION</b>

Full Name (Last, First, Middle Initial) <b>C. LIBERTY MUTUAL</b>		Date of Receipt
Mailing Address <b>PAUL MATTERA</b> <b>175 BERKELEY ST</b>		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
City <b>BOSTON</b>	State <b>MA</b>	Zip Code <b>02116</b>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00171843"/>	<b>Transaction ID : SA11.187312</b>
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	<b>CONTRIBUTION</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 19 OF 53  
(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 Party**

**A. PFIZER**  
Full Name (Last, First, Middle Initial)  
Mailing Address **ANDY ANTROBUS**  
**235 E 42ND ST**  
City **NEW YORK** State **NY** Zip Code **10017**  
FEC ID number of contributing federal political committee. **C C00016683**  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**11 / 07 / 2011**  
**Transaction ID : SA11.187184**  
Amount of Each Receipt this Period  
**5000.00**  
**CONTRIBUTION**

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>16000.00</b>

**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 Party**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY BUCKLEY**

Mailing Address 55 W BROADWAY #8

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement  
REIMBURSEMENT - PHONE & PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

Transaction ID : SB.72

Amount of Each Disbursement this Period

187.18

Full Name (Last, First, Middle Initial)

**B. LAZ PARKING**

Mailing Address 100 HIGH ST

City BOSTON State MA Zip Code 02110

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

Transaction ID : SB.81

Amount of Each Disbursement this Period

68.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address PO BOX 15062

City ALBANY State NY Zip Code 12212

Purpose of Disbursement  
PHONE BILL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

Transaction ID : SB.80

Amount of Each Disbursement this Period

119.18

[MEMO ITEM]

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

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

187.18

**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 Party**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY BUCKLEY**

Mailing Address 55 W BROADWAY #8

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

**Transaction ID : SB.73**

Amount of Each Disbursement this Period

1083.01

Full Name (Last, First, Middle Initial)

**B. TIMOTHY BUCKLEY**

Mailing Address 55 W BROADWAY #8

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2011

**Transaction ID : SB.74**

Amount of Each Disbursement this Period

1083.01

Full Name (Last, First, Middle Initial)

**C. MATTHEW COCCIARDI**

Mailing Address 10 BELLEVIEW AVE

City MIDDLETON State MA Zip Code 01949

Purpose of Disbursement  
REIMBURSEMENT - TRAVEL AND FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2011

**Transaction ID : SB.46**

Amount of Each Disbursement this Period

199.23

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

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

2365.25

**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 Party**

Full Name (Last, First, Middle Initial)

**A. BERTUCCIS RESTAURANT**

Mailing Address 21 BRATTLE ST

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement  
MEETING EXPENSE: FOOD

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		29		2011

Transaction ID : SB.82

Amount of Each Disbursement this Period

29.83
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. BOWDOIN SQUARE EXXON**

Mailing Address 239 CAMBRIDGE ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
GAS AND TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		29		2011

Transaction ID : SB.83

Amount of Each Disbursement this Period

169.40
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMANDA CODY**

Mailing Address 73 ABBOTT AVENUE

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
REIMBURSEMENT - POSTAGE PERMIT AND TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2011

Transaction ID : SB.3

Amount of Each Disbursement this Period

301.80
--------

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

301.80
--------

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

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**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 Party**

Full Name (Last, First, Middle Initial)

**A. METRO CAB**

Mailing Address 120 BRAINTREE ST

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement  
CABS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

Transaction ID : SB.85

Amount of Each Disbursement this Period

43.30

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. METRO CAB**

Mailing Address 120 BRAINTREE ST

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement  
CABS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

Transaction ID : SB.86

Amount of Each Disbursement this Period

59.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US POST OFFICE**

Mailing Address JFK STATION

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
POST OFFICE PERMIT FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

Transaction ID : SB.84

Amount of Each Disbursement this Period

198.75

[MEMO ITEM]

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

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

0.00

**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 Party**

Full Name (Last, First, Middle Initial)

**A. AMANDA CODY**

Mailing Address 73 ABBOTT AVENUE

City EVERETT State MA Zip Code 02149

Purpose of Disbursement REIMBURSEMENT - PHONE, TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : SB.5

Amount of Each Disbursement this Period

303.66

Full Name (Last, First, Middle Initial)

**B. BOWDOIN SQUARE EXXON**

Mailing Address 239 CAMBRIDGE ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL AND GAS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : SB.5.2

Amount of Each Disbursement this Period

190.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address PO BOX 15062

City ALBANY State NY Zip Code 12212

Purpose of Disbursement PHONE BILL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : SB.5.1

Amount of Each Disbursement this Period

113.03

[MEMO ITEM]

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

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

303.66

**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 Party**

Full Name (Last, First, Middle Initial)

**A. AMANDA CODY**

Mailing Address 73 ABBOTT AVENUE

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
REIMBURSEMENT - PHONE, TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2011

Transaction ID : SB.7

Amount of Each Disbursement this Period

124.43

Full Name (Last, First, Middle Initial)

**B. METRO CAB**

Mailing Address 120 BRAINTREE ST

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement  
CAB

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2011

Transaction ID : SB.88

Amount of Each Disbursement this Period

11.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address PO BOX 15062

City ALBANY State NY Zip Code 12212

Purpose of Disbursement  
PHONE BILL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2011

Transaction ID : SB.87

Amount of Each Disbursement this Period

113.03

[MEMO ITEM]

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

124.43

**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 Party**

Full Name (Last, First, Middle Initial)

**A. ANTONY FERRUCCI**

Mailing Address 62 DWIGHT STREET, APT 1

City BROOKLINE State MA Zip Code 02446

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

Transaction ID : SB.10

Amount of Each Disbursement this Period

916.77

Full Name (Last, First, Middle Initial)

**B. ANTONY FERRUCCI**

Mailing Address 62 DWIGHT STREET, APT 1

City BROOKLINE State MA Zip Code 02446

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2011

Transaction ID : SB.11

Amount of Each Disbursement this Period

916.77

Full Name (Last, First, Middle Initial)

**C. ANTONY FERRUCCI**

Mailing Address 62 DWIGHT STREET, APT 1

City BROOKLINE State MA Zip Code 02446

Purpose of Disbursement  
REIMBURSEMENT - PHONE AND TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2011

Transaction ID : SB.12

Amount of Each Disbursement this Period

253.00

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

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

2086.54

**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 Party**

Full Name (Last, First, Middle Initial)

**A. JETBLUE**

Mailing Address 118-29 QUEENS BLVD

City FOREST HILLS State NY Zip Code 11375

Purpose of Disbursement  
LUGGAGE COST

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB.91

Amount of Each Disbursement this Period

7	0	.	0	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. LAZ PARKING**

Mailing Address 100 HIGH ST

City BOSTON State MA Zip Code 02110

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB.90

Amount of Each Disbursement this Period

1	8	3	.	0	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address PO BOX 15062

City ALBANY State NY Zip Code 12212

Purpose of Disbursement  
PHONE BILL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : SB.89

Amount of Each Disbursement this Period

1	3	6	.	0	0
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[MEMO ITEM]

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

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

0	0	.	0	0
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0	0	.	0	0
---	---	---	---	---

**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 Party**

Full Name (Last, First, Middle Initial)

**A. ALEXANDER INGRAM**

Mailing Address 216 HART ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
REIMBURSEMENT TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2011

**Transaction ID : SB.2**

Amount of Each Disbursement this Period

363.67

Full Name (Last, First, Middle Initial)

**B. BOWDOIN SQUARE EXXON**

Mailing Address 239 CAMBRIDGE ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL AND GAS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2011

**Transaction ID : SB.79**

Amount of Each Disbursement this Period

363.67

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. NATHAN LITTLE**

Mailing Address 83 CONGREVE

City W ROXBURY State MA Zip Code 02132

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

**Transaction ID : SB.50**

Amount of Each Disbursement this Period

2191.73

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

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

2555.40

**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)

<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 Party**

Full Name (Last, First, Middle Initial)

**A. NATHAN LITTLE**

Mailing Address 83 CONGREVE

City W ROXBURY State MA Zip Code 02132

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		22		2011

Transaction ID : SB.51

Amount of Each Disbursement this Period

2191.73
---------

Full Name (Last, First, Middle Initial)

**B. BEN RICHARDS**

Mailing Address 14 FARIMOUNT STREET

City MEDFORD State MA Zip Code 02155

Purpose of Disbursement  
COMMUNICATIONS CONSULTANT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2011

Transaction ID : SB.17

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. BEN RICHARDS**

Mailing Address 14 FARIMOUNT STREET

City MEDFORD State MA Zip Code 02155

Purpose of Disbursement  
COMMUNICATIONS CONSULTANT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		15		2011

Transaction ID : SB.18

Amount of Each Disbursement this Period

277.40
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3469.13
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**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 Party**

Full Name (Last, First, Middle Initial)

**A. PRISCILLA RUZZO**

Mailing Address 85 OVERLOOK RD.

City WEST ROXBURY State MA Zip Code 02132

Purpose of Disbursement  
REIMBURSEMENT - POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : SB.66

Amount of Each Disbursement this Period

220.00

Full Name (Last, First, Middle Initial)

**B. US POST OFFICE**

Mailing Address JFK STATION

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
STAMP PURCHASE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : SB.92

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. PRISCILLA RUZZO**

Mailing Address 85 OVERLOOK RD.

City WEST ROXBURY State MA Zip Code 02132

Purpose of Disbursement  
REIMBURSEMET - PARKING & CABS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2011

Transaction ID : SB.68

Amount of Each Disbursement this Period

282.40

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

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

502.40

**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)

<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 Party**

Full Name (Last, First, Middle Initial)

**A. LAZ PARKING**

Mailing Address 100 HIGH ST

City BOSTON State MA Zip Code 02110

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		29		2011

Transaction ID : SB.93

Amount of Each Disbursement this Period

254.00
--------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. METRO CAB**

Mailing Address 120 BRAINTREE ST

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement  
CABS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		29		2011

Transaction ID : SB.94

Amount of Each Disbursement this Period

28.40
-------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2011

Transaction ID : SB.8

Amount of Each Disbursement this Period

5.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 Party**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2011

Transaction ID : **SB.9**

Amount of Each Disbursement this Period

16.54

Full Name (Last, First, Middle Initial)

**B. AUTHORIZE.NET**

Mailing Address P.O. BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement  
CC PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2011

Transaction ID : **SB.13**

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. AUTHORIZE.NET**

Mailing Address P.O. BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement  
CC PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2011

Transaction ID : **SB.14**

Amount of Each Disbursement this Period

15.00

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

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

51.54

**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 Party**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA\FLEET BANK**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

Transaction ID : SB.15

Amount of Each Disbursement this Period

74.99

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA\FLEET BANK**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

Transaction ID : SB.16

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. BFSDANIELS**

Mailing Address 12 CHANNEL STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
EVENT INVITATIONS - PARTY ONLY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2011

Transaction ID : SB.19

Amount of Each Disbursement this Period

1147.50

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

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

1247.49

**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 Party**

Full Name (Last, First, Middle Initial)

**A. BFSDANIELS**

Mailing Address 12 CHANNEL STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
EVENT INVITATIONS - PARTY ONLY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2011

Transaction ID : **SB.20**

Amount of Each Disbursement this Period

419.68

Full Name (Last, First, Middle Initial)

**B. BLUE CROSS BLUE SHIELD**

Mailing Address BLUE CROSS BLUE SHIELD OF MA

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : **SB.21**

Amount of Each Disbursement this Period

658.56

Full Name (Last, First, Middle Initial)

**C. BOSTON GLOBE**

Mailing Address 135 Morrissey Blvd.

City BOSTON State MA Zip Code 02125

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : **SB.34**

Amount of Each Disbursement this Period

15.96

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

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

1094.20

**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 Party**

Full Name (Last, First, Middle Initial)

**A. BOWDITCH & DEWEY**

Mailing Address 310 MAIN STREET PO BOX 15156

City WORCESTER State MA Zip Code 01615

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2011			

Transaction ID : SB.22

Amount of Each Disbursement this Period

1500.00									
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Full Name (Last, First, Middle Initial)

**B. BOWDITCH & DEWEY**

Mailing Address 310 MAIN STREET PO BOX 15156

City WORCESTER State MA Zip Code 01615

Purpose of Disbursement  
LEGAL FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2011			

Transaction ID : SB.23

Amount of Each Disbursement this Period

1500.00									
---------	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**C. BOWDITCH & DEWEY**

Mailing Address 310 MAIN STREET PO BOX 15156

City WORCESTER State MA Zip Code 01615

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2011			

Transaction ID : SB.24

Amount of Each Disbursement this Period

1500.00									
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00									
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 Party**

Full Name (Last, First, Middle Initial)

**A. CENTURY TYPE INC.**

Mailing Address 1020 COMMONWEALTH AVENUE

City BOSTON State MA Zip Code 02215

Purpose of Disbursement  
LETTERHEAD

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2011

Transaction ID : SB.26

Amount of Each Disbursement this Period

936.00

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
COMPUTER SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2011

Transaction ID : SB.28

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

**C. DIRECT MAIL SYSTEMS**

Mailing Address 12450 AUTOMOBILE BOULEVARD

City CLEARWATER State FL Zip Code 33762

Purpose of Disbursement  
DIRECT MAIL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : SB.29

Amount of Each Disbursement this Period

2549.25

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

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

4435.25

**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 Party**

Full Name (Last, First, Middle Initial)

**A. ELAVON**

Mailing Address ONE CONCOURSE PARKWAY, SUITE 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2011

Transaction ID : SB.30

Amount of Each Disbursement this Period

172.05

Full Name (Last, First, Middle Initial)

**B. FAIRMONT COPLEY PLAZA HOTEL**

Mailing Address 138 ST. JAMES ST.

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
EVENT CATERING- PARTY ONLY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2011

Transaction ID : SB.31

Amount of Each Disbursement this Period

416.95

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address P.O. BOX 371461

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement  
SHIPPING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 15 / 2011

Transaction ID : SB.32

Amount of Each Disbursement this Period

58.47

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

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

647.47

**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 Party**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address P.O. BOX 371461

City State Zip Code  
PITTSBURGH PA 15250

Purpose of Disbursement  
FEE - SHIPPING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2011			

Transaction ID : SB.33

Amount of Each Disbursement this Period

18.31
-------

Full Name (Last, First, Middle Initial)

**B. ICONTACT**

Mailing Address 5221 PARAMOUNT PARKWAY

City State Zip Code  
MORRISVILLE NC 27560

Purpose of Disbursement  
SOCIAL MEDIA BILL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2011			

Transaction ID : SB.35

Amount of Each Disbursement this Period

149.00
--------

Full Name (Last, First, Middle Initial)

**C. INTUIT QB ONLINE**

Mailing Address 2700 COAST AVENUE

City State Zip Code  
MOUNTAIN VIEW CA 94943

Purpose of Disbursement  
ACCOUNTING SYSTEM FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2011			

Transaction ID : SB.36

Amount of Each Disbursement this Period

37.13
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

204.44
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**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 Party**

Full Name (Last, First, Middle Initial)

**A. JETBLUE**

Mailing Address 118-29 Queens Blvd

City State Zip Code  
Forest Hills NY 11375

Purpose of Disbursement  
STAFF TRAVEL AIRFARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2011

**Transaction ID : SB.39**

Amount of Each Disbursement this Period

337.40

Full Name (Last, First, Middle Initial)

**B. KAUPPI COMMUNICATIONS**

Mailing Address PO BOX 152

City State Zip Code  
WEST GROTON MA 01472

Purpose of Disbursement  
COMMUNICATIONS CONSULTANT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2011

**Transaction ID : SB.40**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. KONICA MINOLTA**

Mailing Address PO BOX 790448

City State Zip Code  
ST LOUIS MO 63179

Purpose of Disbursement  
COPIER FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2011

**Transaction ID : SB.42**

Amount of Each Disbursement this Period

870.35

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

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

4207.75

**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 Party**

Full Name (Last, First, Middle Initial)

**A. MARRIOTT BOSTON NEWTON**

Mailing Address 2345 COMMONWEALTH AVE

City NEWTON State MA Zip Code 02446

Purpose of Disbursement  
EVENT - PARTY ONLY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 25 / 2011

Transaction ID : SB.43

Amount of Each Disbursement this Period

1727.36

Full Name (Last, First, Middle Initial)

**B. MASSACHUSETTS LABOR LAW POSTER SERVICE**

Mailing Address 398 COLUMBIS AVENUE #501

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 15 / 2011

Transaction ID : SB.44

Amount of Each Disbursement this Period

67.25

Full Name (Last, First, Middle Initial)

**C. MATTHEW P. KESWICK / KESWICK CONSULTING**

Mailing Address 231 VICTORY ROAD

City QUINCY State MA Zip Code 02171

Purpose of Disbursement  
STRATEGY CONSULTANT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2011

Transaction ID : SB.47

Amount of Each Disbursement this Period

3000.00

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

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

4794.61

**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 Party**

Full Name (Last, First, Middle Initial)

**A. MERCHANTS BANKCARDS**

Mailing Address 1700 N DIXIE HIGHWAY

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2011

Transaction ID : SB.48

Amount of Each Disbursement this Period

57.45

Full Name (Last, First, Middle Initial)

**B. MICRO CENTER**

Mailing Address 730 MEMORIAL DR

City CAMBRIDGE State MA Zip Code 02139

Purpose of Disbursement  
COMPUTER EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2011

Transaction ID : SB.49

Amount of Each Disbursement this Period

3782.37

Full Name (Last, First, Middle Initial)

**C. NATIONAL SERVICE CENTER**

Mailing Address PO BOX 738

City HUNTINGTON BEACH State CA Zip Code 92648

Purpose of Disbursement  
COPIER TONER

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : SB.52

Amount of Each Disbursement this Period

454.68

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

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

4294.50

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

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

FOR LINE NUMBER:  
(check only one)

<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 Party**

Full Name (Last, First, Middle Initial)

**A. NETWORK SOLUTIONS**

Mailing Address PO Box 17659

City State Zip Code  
BALTIMORE MD 21297

Purpose of Disbursement  
INTERNET SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2011			

Transaction ID : SB.53

Amount of Each Disbursement this Period

46.98
-------

Full Name (Last, First, Middle Initial)

**B. O'BRIEN COMMUNICATIONS**

Mailing Address PO BOX 659

City State Zip Code  
WRENTHAM MA 02093

Purpose of Disbursement  
OFFICE TECHNICIAN TRIP

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2011			

Transaction ID : SB.54

Amount of Each Disbursement this Period

115.00
--------

Full Name (Last, First, Middle Initial)

**C. O'BRIEN COMMUNICATIONS**

Mailing Address PO BOX 659

City State Zip Code  
WRENTHAM MA 02093

Purpose of Disbursement  
OFFICE TECHNICIAN TRIP

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2011			

Transaction ID : SB.55

Amount of Each Disbursement this Period

115.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

276.98
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**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 Party**

Full Name (Last, First, Middle Initial)

**A. OMNI PARKER HOUSE**

Mailing Address 66 SCHOOL ST.

City BOSTON State MA Zip Code 02108

Purpose of Disbursement  
EVENT - PARTY ONLY

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2011

Transaction ID : SB.56

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. PAYRIGHT PAYROLL SERVICES**

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

Transaction ID : SB.59

Amount of Each Disbursement this Period

59.45

Full Name (Last, First, Middle Initial)

**C. PAYRIGHT PAYROLL SERVICES**

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

Transaction ID : SB.60

Amount of Each Disbursement this Period

4803.29

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

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

5362.74

**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 Party**

Full Name (Last, First, Middle Initial)

**A. PAYRIGHT PAYROLL SERVICES**

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2011

Transaction ID : SB.61

Amount of Each Disbursement this Period

6263.94

Full Name (Last, First, Middle Initial)

**B. PAYRIGHT PAYROLL SERVICES**

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2011

Transaction ID : SB.62

Amount of Each Disbursement this Period

53.55

Full Name (Last, First, Middle Initial)

**C. POLAND SPRING**

Mailing Address P.O. BOX 856192

City LOUISVILLE State KY Zip Code 40285

Purpose of Disbursement  
OFFICE SUPPLIES - WATER

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : SB.63

Amount of Each Disbursement this Period

61.62

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

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

6379.11

**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 Party**

Full Name (Last, First, Middle Initial)

**A. POLITICAL INK, INC**

Mailing Address 1341 CONNECTICUTT AVE NW, SUITE 5

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
MAILER PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

Transaction ID : SB.64

Amount of Each Disbursement this Period

2970.40

Full Name (Last, First, Middle Initial)

**B. SCM ASSOCIATES, INC.**

Mailing Address 1283 MAIN STREET

City DUBLIN State NH Zip Code 03452

Purpose of Disbursement  
DIRECT MAIL

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2011

Transaction ID : SB.69

Amount of Each Disbursement this Period

407.36

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address PO Box 689020

City DES MOINES State IA Zip Code 50368

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

Transaction ID : SB.70

Amount of Each Disbursement this Period

96.87

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

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

3474.63

**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 Party**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address PO Box 689020

City DES MOINES State IA Zip Code 50368

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2011			

Transaction ID : SB.71

Amount of Each Disbursement this Period

233.11
--------

Full Name (Last, First, Middle Initial)

**B. US POST OFFICE**

Mailing Address JFK STATION

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
FEE-POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2011			

Transaction ID : SB.76

Amount of Each Disbursement this Period

1629.00
---------

Full Name (Last, First, Middle Initial)

**C. US POSTAL OFFICE**

Mailing Address FORT POINT STATION

City BOSTON State MA Zip Code 02205

Purpose of Disbursement  
FEE- POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2011			

Transaction ID : SB.75

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2362.11
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55233.61
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**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 checked="" 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 Party**

Full Name (Last, First, Middle Initial)

**A. JOHN M HARRINGTON**

Mailing Address 5 SHEFFIELD W

City WINCHESTER State MA Zip Code 01890

Purpose of Disbursement  
CONTRIBUTION REFUND: INSUFFICIENT FUNDS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 02 / 2011

Transaction ID : SB.27

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. KEVIN LANDRY**

Mailing Address 250 BOYLSTON ST  
SUITE 6

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
11 / 15 / 2011

Transaction ID : SB.41

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

5500.00

5500.00

**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 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 Party**

Full Name (Last, First, Middle Initial)

**A. MATTHEW COCCIARDI**

Mailing Address 10 BELLEVIEW AVE

City MIDDLETON State MA Zip Code 01949

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

**Transaction ID : SB.45**

Amount of Each Disbursement this Period

505.34

Full Name (Last, First, Middle Initial)

**B. AMANDA CODY**

Mailing Address 73 ABBOTT AVENUE

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

**Transaction ID : SB.4**

Amount of Each Disbursement this Period

940.05

Full Name (Last, First, Middle Initial)

**C. AMANDA CODY**

Mailing Address 73 ABBOTT AVENUE

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2011

**Transaction ID : SB.6**

Amount of Each Disbursement this Period

940.05

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

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

2385.44

**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 Party**

Full Name (Last, First, Middle Initial)

**A. BRADFORD GARNETT**

Mailing Address 123 GRANITE ST

City MEDFIELD State MA Zip Code 02062

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

Transaction ID : SB.25

Amount of Each Disbursement this Period

487.72

Full Name (Last, First, Middle Initial)

**B. ALEXANDER INGRAM**

Mailing Address 216 HART ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

Transaction ID : SB.1

Amount of Each Disbursement this Period

505.34

Full Name (Last, First, Middle Initial)

**C. JAMES OCONNELL**

Mailing Address 500 BROADWAY

City MALDEN State MA Zip Code 02148

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

Transaction ID : SB.37

Amount of Each Disbursement this Period

1995.76

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

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

2988.82

**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 Party**

Full Name (Last, First, Middle Initial)

**A. JAMES OCONNELL**

Mailing Address 500 BROADWAY

City MALDEN State MA Zip Code 02148

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2011

**Transaction ID : SB.38**

Amount of Each Disbursement this Period

940.05

Full Name (Last, First, Middle Initial)

**B. PRISCILLA RUZZO**

Mailing Address 85 OVERLOOK RD.

City WEST ROXBURY State MA Zip Code 02132

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 09 / 2011

**Transaction ID : SB.65**

Amount of Each Disbursement this Period

2568.72

Full Name (Last, First, Middle Initial)

**C. PRISCILLA RUZZO**

Mailing Address 85 OVERLOOK RD.

City WEST ROXBURY State MA Zip Code 02132

Purpose of Disbursement  
NET SALARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2011

**Transaction ID : SB.67**

Amount of Each Disbursement this Period

2568.72

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

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

6077.49

11451.75

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Massachusetts Republican Party

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
MASSACHUSETTS REPUBLICAN PARTY	MM / DD / YYYY 11 / 17 / 2011	3126.39

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	3126.39
<b>Transaction ID : SA11.187281</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	3126.39
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	3126.39

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

A. Full Name (Last, First, Middle Initial) <b>OX-EYE PROPERTIES</b>		Transaction ID : M12.H4.001		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 117 SOUTH 14TH ST SUITE 300				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City RICHMOND	State VA	Zip Code 23219	<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Purpose of Disbursement: RENT		001		Allocated Activity or Event Year-To-Date 22601.29	
Activity or Event Identifier: <small>Allocatable administrative expense previously reported on Sch B, allocated for this Amendment</small>		Category/ Type		Date 11 / 15 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1758.59			3126.39		4884.98

B. Full Name (Last, First, Middle Initial) <b>OX-EYE PROPERTIES</b>		Transaction ID : M12.H4.002		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 117 SOUTH 14TH ST SUITE 300				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City RICHMOND	State VA	Zip Code 23219	<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Purpose of Disbursement: RENT		001		Allocated Activity or Event Year-To-Date 27035.29	
Activity or Event Identifier: <small>Allocatable administrative expense previously reported on Sch B, allocated for this Amendment</small>		Category/ Type		Date 11 / 29 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1596.24			2837.76		4434.00

C. Full Name (Last, First, Middle Initial) <b>VERIZON</b>		Transaction ID : M12.H4.003		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO BOX 110				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City ALBANY	State NY	Zip Code 12250	<input type="checkbox"/> Public Comm (ref to party only) by PAC		
Purpose of Disbursement: OFFICE PHONE		001		Allocated Activity or Event Year-To-Date 27692.33	
Activity or Event Identifier: <small>Allocatable administrative expense previously reported on Sch B, allocated for this Amendment</small>		Category/ Type		Date 11 / 15 / 2011	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
236.53			420.51		657.04

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3591.36		6384.66		9976.02

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : M12.H4.004**  
**WALTER J MAY INSURANCE COMPANY**  
Mailing Address 188 WHITING STREET  
City HINGHAM State MA Zip Code 02043  
Purpose of Disbursement: OFFICE INSURANCE  
Activity or Event Identifier: 001  
Allocatable administrative expense previously reported on Sch B, allocated for this Amendment

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 28576.33  
Date: 11 / 22 / 2011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
318.24		565.76		884.00

**B.** Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
Purpose of Disbursement:  
Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:  
Date:

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

**C.** Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
Purpose of Disbursement:  
Activity or Event Identifier:

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:  
Date:

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
318.24		565.76		884.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
3909.60		6950.42		10860.02