

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2009 through 07 31 2009

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 08 17 2009

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY REPORTED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy. *** Robert Willington- offset to operations -\$1145.00 - was for COBRA health-insurance coverage reimbursement (paid to Blue Cross Blue Shield) for former employee ** *** Barney Keller - offset to operations -\$468.20 - was for COBRA health-insurance coverage reimbursement (paid to Blue Cross Blue Shield) for former employee **

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		22603.34
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	43176.02									
(c) Total Receipts (from Line 19)	47284.96	413046.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90460.98	435649.75								
7. Total Disbursements (from Line 31)	31189.06	376377.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59271.92	59271.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	7089.09									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 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)	20839.33	290469.65
(ii) Unitemized	12754.01	95819.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33593.34	386288.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10000.00	15300.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	43593.34	401588.66
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)	3691.62	11457.75
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	47284.96	413046.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47284.96	413046.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	21976.54	299788.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21976.54	299788.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	103.31
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	85.00	235.00
(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))	85.00	235.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	9127.52	71251.22
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	9127.52	71251.22
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31189.06	376377.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31189.06	376377.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	43593.34	401588.66
34. Total Contribution Refunds (from Line 28(d))	85.00	235.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43508.34	401353.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21976.54	299788.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	3691.62	11457.75
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18284.92	288330.55

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Fred Barrows

Mailing Address 370 Pratt St.

City Mansfield State MA Zip Code 02048

FEC ID number of contributing federal political committee. C

Name of Employer Barrows Insurance Occupation Ins. Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 27 / 2009

Transaction ID: 90817.C174786

Amount of Each Receipt this Period 50.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Stanley Bernstein

Mailing Address 153 Edmunds Road

City Wellesley State MA Zip Code 02481

FEC ID number of contributing federal political committee. C

Name of Employer The Biltrite Corporation Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 28 / 2009

Transaction ID: 90817.C174867

Amount of Each Receipt this Period 200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
C. J. Brucato

Mailing Address 49 Chelsea St.,

City Boston State MA Zip Code 02129

FEC ID number of contributing federal political committee. C

Name of Employer ABRY Partners, LLC Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2073.00

Date of Receipt 07 / 27 / 2009

Transaction ID: 90817.C174853

Amount of Each Receipt this Period 2073.00

In-Kind

In Kind donation of catering for party related fundraising e

SUBTOTAL of Receipts This Page (optional) 2323.00

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 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Jane Camerota

Mailing Address 238 George Wood Road

City Somers State CT Zip Code 06071

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2009

Transaction ID: 90817.C174664

Amount of Each Receipt this Period 500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Darrell Crate

Mailing Address 820 Hale Street

City Beverly State MA Zip Code 01915

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 24 / 2009

Transaction ID: 90817.C174722

Amount of Each Receipt this Period 5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Jane Cronin

Mailing Address 125 Smoke Valley Road

City Osterville State MA Zip Code 02655

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 08 / 2009

Transaction ID: 90716.C174583

Amount of Each Receipt this Period 100.00

Receipt

SUBTOTAL of Receipts This Page (optional) 5600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
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 Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2009

Transaction ID: 90817.C174797

Amount of Each Receipt this Period
50.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Pasquale Franchi

Mailing Address 182 West Central St.
Suite 303

City State Zip Code
Natick MA 01760

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

Name of Employer Franchi Management Co, Inc. Occupation Real Estate Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: 90716.C174481

Amount of Each Receipt this Period
100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Janet Garon

Mailing Address PO BOX 24

City State Zip Code
Southbridge MA 01550

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

Name of Employer Southbridge Savings Bank Occupation Executive VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1710.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2009

Transaction ID: 90817.C174822

Amount of Each Receipt this Period
60.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **210.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Winifred Gray

Mailing Address 195 Larch Row

City State Zip Code
Wenham MA 01984

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

Name of Employer Occupation
Self Employed Artist Rep.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: 90716.C174586

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Daniel Haley

Mailing Address 11 Willow Gate Rise

City State Zip Code
Holliston MA 01746

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

Name of Employer Occupation
McDermott Wilf & Emery Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2009

Transaction ID: 90817.C174856

Amount of Each Receipt this Period
50.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Bernhard Heersink

Mailing Address 281 High Street

City State Zip Code
Newburyport MA 01950

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2009

Transaction ID: 90817.C174683

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Reed Hillman

Mailing Address 49 Bushnell Rd.

City State Zip Code
Sturbridge MA 01566

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2009

Transaction ID: 90817.C174827

Amount of Each Receipt this Period
200.00

Receipt

B.

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

Mailing Address 12 Brimmer St.

City State Zip Code
Boston MA 02108-1002

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

Name of Employer S.B. Jeffries Consultants Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1041.65

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: 90716.C174544

Amount of Each Receipt this Period
208.33

Receipt

C.

Full Name (Last, First, Middle Initial)
Jennifer Johnson

Mailing Address 24B Cold Spring Dr.

City State Zip Code
Sutton MA 01590

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: 90817.C174679

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **508.33**

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 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jeanne Kangas
Mailing Address 959 Hill Rd
City Boxborough State MA Zip Code 01719
FEC ID number of contributing federal political committee. **C**
Name of Employer Arnold & Kangas, P.C. Occupation Lawyer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3830.00
Date of Receipt 07 / 27 / 2009
Transaction ID: 90817.C174804
Amount of Each Receipt this Period 80.00
Receipt

B. Full Name (Last, First, Middle Initial)
Ronald Kaufman
Mailing Address 401 Sixth Street, SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer The Dutko Group Occupation Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1020.00
Date of Receipt 07 / 20 / 2009
Transaction ID: 90817.C174686
Amount of Each Receipt this Period 20.00
Receipt

C. Full Name (Last, First, Middle Initial)
Ronald Kaufman
Mailing Address 401 Sixth Street, SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer The Dutko Group Occupation Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1070.00
Date of Receipt 07 / 20 / 2009
Transaction ID: 90817.C174690
Amount of Each Receipt this Period 50.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 150.00
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 / 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Amy Kelly

Mailing Address 157 Rice Road

City State Zip Code
Quincy MA 02170

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

Name of Employer Self Employed Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2375.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2009

Transaction ID: 90817.C174858

Amount of Each Receipt this Period
50.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Anthony Lista

Mailing Address 4 Langdon Road

City State Zip Code
Natick MA 01760

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2009

Transaction ID: 90817.C174695

Amount of Each Receipt this Period
500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Peter Manderino

Mailing Address 75 Meadowbrook Rd.

City State Zip Code
Hanover MA 02339

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

Name of Employer BubleByte Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2009

Transaction ID: 90716.C174558

Amount of Each Receipt this Period
10.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **560.00**

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 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Peter Manderino

Mailing Address 75 Meadowbrook Rd.

City State Zip Code
Hanover MA 02339

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

Name of Employer Occupation
BubleByte President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: 90716.C174557

Amount of Each Receipt this Period
5.00

Receipt

B. Full Name (Last, First, Middle Initial)
Brad Marston

Mailing Address 90 Beacon Street #2

City State Zip Code
Boston MA 02108

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

Name of Employer Occupation
Information Requested Information Requested

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2009

Transaction ID: 90817.C174766

Amount of Each Receipt this Period
25.00

Receipt

C. Full Name (Last, First, Middle Initial)
Susan Mattes

Mailing Address 9 Hardy Road

City State Zip Code
Marlborough MA 01752

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

Name of Employer Occupation
Astrazeneca R&D Boston Research Scientist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2009

Transaction ID: 90817.C174795

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 80.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

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

Mailing Address 11161 NW 24th Street

City Pompano Beach State FL Zip Code 33065

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

Name of Employer The Patron Spirits Company Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 23 / 2009

Transaction ID: 90817.C174692

Amount of Each Receipt this Period 1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Matthew Merritt

Mailing Address ValleyHead Inc. PO Box 714

City Lenox State MA Zip Code 01240

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

Name of Employer Valleyhead Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 07 / 17 / 2009

Transaction ID: 90817.C174681

Amount of Each Receipt this Period 1100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Edward Michaud

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1265.00

Date of Receipt 07 / 06 / 2009

Transaction ID: 90716.C174476

Amount of Each Receipt this Period 25.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2125.00

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 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Pete Nicholas

Mailing Address 1 Joy Street

City State Zip Code
Boston MA 02108

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

Name of Employer Boston Scientific Corp. Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 07 / 02 / 2009
Transaction ID: 90716.C174444
Amount of Each Receipt this Period: 2500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Bruce Nilson Jr.

Mailing Address 40 Kings Way, Apt. 401A

City State Zip Code
Waltham MA 02451

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

Name of Employer Free and Strong America PAC Occupation Chief Information Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 27 / 2009
Transaction ID: 90817.C174830
Amount of Each Receipt this Period: 30.00
Receipt

C. Full Name (Last, First, Middle Initial)
Free And Strong Amer PAC

Mailing Address P.O. Box 79226

City State Zip Code
Waverley MA 02479

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

Name of Employer PAC Occupation FEC ID: C000449280

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 27 / 2009
Transaction ID: 90817.C174839
Amount of Each Receipt this Period: 5000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **7530.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Marie Parente

Mailing Address P.O. Box 56

City Milford State MA Zip Code 01757

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 07 / 27 / 2009
Transaction ID: 90817.C174792
Amount of Each Receipt this Period: 50.00
Receipt

B. Full Name (Last, First, Middle Initial)
Guido Perera

Mailing Address 121 Old Concord Rd.

City Lincoln State MA Zip Code 01773

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 06 / 2009
Transaction ID: 90716.C174482
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Patricia Petrou

Mailing Address 82 Marmion Way

City Rockport State MA Zip Code 01966

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 06 / 2009
Transaction ID: 90716.C174473
Amount of Each Receipt this Period: 100.00
Receipt

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 18 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Michael Potaski
 Mailing Address 24B Church Street
 City State Zip Code
 Linwood MA 01525
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 08 / 2009
Transaction ID: 90716.C174577
 Amount of Each Receipt this Period
 50.00
 Receipt
 Name of Employer Occupation
 Retired Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2650.00

B. Full Name (Last, First, Middle Initial)
Chanel Prunier
 Mailing Address 43 Shirley Road
 City State Zip Code
 Shrewsbury MA 01545
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2009
Transaction ID: 90817.C174685
 Amount of Each Receipt this Period
 50.00
 Receipt
 Name of Employer Occupation
 Self Employed Consultant
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

C. Full Name (Last, First, Middle Initial)
James Punderson Ttee
 Mailing Address P.O. Box 388
 City State Zip Code
 East Longmeadow MA 01028
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 02 / 2009
Transaction ID: 90716.C174462
 Amount of Each Receipt this Period
 100.00
 Receipt
 Name of Employer Occupation
 Retired Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

SUBTOTAL of Receipts This Page (optional) ► 200.00
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 19 / 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Nicholas Sarantopoulos

Mailing Address 289 Essex Street, Unit 503

City State Zip Code
Salem MA 01970

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

Name of Employer Community Credit Union Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: 90716.C174480

Amount of Each Receipt this Period
75.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Brett Schetzle

Mailing Address 423 Essex St

City State Zip Code
Beverly MA 01915

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

Name of Employer Procter & Gamble Occupation Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 27 / 2009

Transaction ID: 90817.C174796

Amount of Each Receipt this Period
50.00

Receipt

C.

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

Mailing Address 6 Day St

City State Zip Code
Dartmouth MA 02748

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

Name of Employer New Bedford Medical Association Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: 90716.C174486

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **225.00**

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 20 / 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Rosmarie Scully

Mailing Address 30 Somerset St.

City Belmont State MA Zip Code 02478

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

Name of Employer Scully Signal Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2050.00

Date of Receipt 07 / 06 / 2009

Transaction ID: 90716.C174491

Amount of Each Receipt this Period 50.00

Receipt

B.

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

Mailing Address 166 Ide Road

City Williamstown State MA Zip Code 01267

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

Name of Employer DFC Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 08 / 2009

Transaction ID: 90716.C174584

Amount of Each Receipt this Period 200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
David Sukoff

Mailing Address 41 Dunelm Rd

City Bedford State MA Zip Code 01730

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

Name of Employer Bedford Public Schools Occupation Coach

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 07 / 23 / 2009

Transaction ID: 90817.C174698

Amount of Each Receipt this Period 50.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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 21 / 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
Cornelius Sullivan

Mailing Address 79 E. Main Street

City State Zip Code
Ayer MA 01432

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

Name of Employer Sheldon & Sullivan Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 07 / 06 / 2009
Transaction ID: 90716.C174479
Amount of Each Receipt this Period: 100.00
Receipt

B.

Full Name (Last, First, Middle Initial)
Mimi Sundstrom

Mailing Address 66 Allerton Rd.

City State Zip Code
Milton MA 02186

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

Name of Employer Student Occupation Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1025.00

Date of Receipt: 07 / 27 / 2009
Transaction ID: 90817.C174762
Amount of Each Receipt this Period: 25.00
Receipt

C.

Full Name (Last, First, Middle Initial)
Patricia Tucker

Mailing Address 4 Sturbridge Rd.

City State Zip Code
Wellesley MA 02481

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

Name of Employer None Occupation At home

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 07 / 27 / 2009
Transaction ID: 90817.C174825
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 225.00

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 22 / 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Brad Williams		Date of Receipt
	Mailing Address 29 Furbush Road		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Boston	MA	02132
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 90817.C174834
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="178.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="23.00"/>
		Receipt	

B.	Full Name (Last, First, Middle Initial) Brad Williams		Date of Receipt
	Mailing Address 29 Furbush Road		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Boston	MA	02132
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 90817.C174886
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="208.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="30.00"/>
		Receipt	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="53.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="20839.33"/>

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

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

FOR LINE NUMBER: PAGE 23 / 43

(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

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

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

A.

Full Name (Last, First, Middle Initial)
Liberty Mutual PAC

Mailing Address Paul Mattera
175 Berkeley Street

City State Zip Code
Boston MA 02117

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation
PAC FEC ID: C00171843

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2009

Transaction ID: 90716.C174654

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
The Bank of NY - Mellon Corporation PAC

Mailing Address Joanie Jaxtimer
Mellon Financial Center

City State Zip Code
Boston MA 02108-4408

FEC ID number of contributing federal political committee. **C** C00017558

Name of Employer Occupation
PAC FEC ID: C00017558

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 02 / 2009

Transaction ID: 90716.C174443

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 43
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)
A.I.M. Mutual Insurance Co.

Mailing Address 54 Third St.

City State Zip Code
Burlington MA 01803-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
469.00

Date of Receipt
MM / DD / YYYY
07 / 04 / 2009

Transaction ID: 90716.C174503

Amount of Each Receipt this Period
469.00

Offsets to Operating Expenditure

B.

Full Name (Last, First, Middle Initial)
Barney Keller

Mailing Address 187 Lewis Rd.

City State Zip Code
Belmont MA 02478-

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
468.20

Date of Receipt
MM / DD / YYYY
07 / 05 / 2009

Transaction ID: 90716.C174505

Amount of Each Receipt this Period
468.20

Offsets to Operating Expenditure

C.

Full Name (Last, First, Middle Initial)
Park Plaza Hotel

Mailing Address 64 Arlington Street

City State Zip Code
Boston MA 02116-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2009

Transaction ID: 90817.C174662

Amount of Each Receipt this Period
1500.00

Offsets to Operating Expenditure

SUBTOTAL of Receipts This Page (optional) ► **2437.20**

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 25 / 43
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) Paychex/InterPay		Date of Receipt
Mailing Address PO Box 8295		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
City	State	Zip Code
Boston	MA	02266-
FEC ID number of contributing federal political committee.		Transaction ID: 90817.C175102
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="64.42"/>
Name of Employer	Occupation	Offsets to Operating Expenditure
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="707.02"/>	

B.

Full Name (Last, First, Middle Initial) Robert Willington		Date of Receipt
Mailing Address 12 Arlington Street		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
City	State	Zip Code
Reading	MA	01867-
FEC ID number of contributing federal political committee.		Transaction ID: 90817.C174661
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="1145.00"/>
Name of Employer Information Requested	Occupation Information Requested	Offsets to Operating Expenditure
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="4580.14"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1209.42"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3646.62"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SCM Associates</p> <p>Mailing Address Steve Meyers 1283 Main Street</p> <p>City Dublin State NH Zip Code 03444-</p> <p>Purpose of Disbursement Payment of debt for direct mail - party related non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90817.E11470</p> <p>Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>PAYMENT OF DEBT FOR DIRECT MAIL - PARTY RELATED NON FEA</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts</p> <p>Mailing Address Landmark Center 401 Park Drive</p> <p>City Boston State MA Zip Code 02215-</p> <p>Purpose of Disbursement Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90817.E11483</p> <p>Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 3256.93</p> <p>HEALTH INSURANCE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) C. J. Brucato</p> <p>Mailing Address 49 Chelsea St.,</p> <p>City Boston State MA Zip Code 02129-</p> <p>Purpose of Disbursement In Kind donation of catering for party related fundraising event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90817.C174853IK</p> <p>Date of Disbursement 07 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2073.00</p> <p>IN KIND: IN KIND DONATION OF CATERING FOR PARTY RELATED FUNDRAISING EVENT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8829.93

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

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

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

A. Full Name (Last, First, Middle Initial) Byte Bulb Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD. City Hanover State MA Zip Code 02339- Purpose of Disbursement party related IT support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11457 Date of Disbursement 07 / 08 / 2009
	Amount of Each Disbursement this Period 400.00 CATEGORY/TYPE PARTY RELATED IT SUPPORT

B. Full Name (Last, First, Middle Initial) Css Castle Self-Storage Mailing Address 39 Old Colony Ave. City Boston State MA Zip Code 02127- Purpose of Disbursement Rent for Storage Unit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11491 Date of Disbursement 07 / 23 / 2009
	Amount of Each Disbursement this Period 359.00 CATEGORY/TYPE RENT FOR STORAGE UNIT

C. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11494 Date of Disbursement 07 / 23 / 2009
	Amount of Each Disbursement this Period 13.83 CATEGORY/TYPE EXPRESS MAIL

SUBTOTAL of Disbursements This Page (optional) ▶

772.83

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Guardian Guardian	Transaction ID: 90817.E11463 Date of Disbursement 07 / 01 / 2009
	Mailing Address: Boston Group Office 1 Liberty Square	Amount of Each Disbursement this Period 117.58
	City: Boston State: MA Zip Code: 02109- Purpose of Disbursement: Dental Insurance Candidate Name: <input type="checkbox"/> Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DENTAL INSURANCE

B.	Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 90817.E11482 Date of Disbursement 07 / 15 / 2009
	Mailing Address: 43 Eastern Ave. Apt. 3	Amount of Each Disbursement this Period 33.07
	City: Lynn State: MA Zip Code: 01902- Purpose of Disbursement: reimbursement for parking food and travel Candidate Name: <input type="checkbox"/> Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

C.	Full Name (Last, First, Middle Initial) Matthew Keswick	Transaction ID: 90817.E11472 Date of Disbursement 07 / 15 / 2009
	Mailing Address: 231 Victory Road	Amount of Each Disbursement this Period 408.80
	City: North Quincy State: MA Zip Code: 02171- Purpose of Disbursement: Reimbursement: See Below Candidate Name: <input type="checkbox"/> Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)	559.45
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 43

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

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

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

A.	Full Name (Last, First, Middle Initial) IDC, Inc Oceancliff	Transaction ID: 90817.E11474 Date of Disbursement 07 / 15 / 2009
	Mailing Address Oceancliff 65 Ridge Road	Amount of Each Disbursement this Period 408.80
	City Newport	State RI
	Zip Code 02840-	
	Purpose of Disbursement M. Keswick Reimbursement for fee for event party related	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]
MEMO: M. KESWICK REIMBURSEMENT FOR FEE FOR EVENT PARTY RELATED

B.	Full Name (Last, First, Middle Initial) Matthew Keswick	Transaction ID: 90817.E11473 Date of Disbursement 07 / 15 / 2009
	Mailing Address 231 Victory Road	Amount of Each Disbursement this Period 57.69
	City North Quincy	State MA
	Zip Code 02171-	
	Purpose of Disbursement Reimbursement for parking food and travel	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

C.	Full Name (Last, First, Middle Initial) Hudson Lodge of Elks	Transaction ID: 90817.E11456 Date of Disbursement 07 / 08 / 2009
	Mailing Address P.O. Box 306	Amount of Each Disbursement this Period 100.00
	City Hudson	State MA
	Zip Code 01749-	
	Purpose of Disbursement Deposit for rental fee for Fundraiser Party Related - Non FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

DEPOSIT FOR RENTAL FEE FOR FUNDRAISER PARTY RELATED - NON FEA

SUBTOTAL of Disbursements This Page (optional) ▶

157.69

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Hudson Lodge of Elks Mailing Address P.O. Box 306 City Hudson State MA Zip Code 01749- Purpose of Disbursement rental fee for Fundraiser Party Related - Non FEA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11481 Date of Disbursement 07 / 15 / 2009
	Amount of Each Disbursement this Period 350.00 RENTAL FEE FOR FUNDRAISER PARTY RELATED - NON FEA

B. Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Boston State MA Zip Code 02110- Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11495 Date of Disbursement 07 / 01 / 2009
	Amount of Each Disbursement this Period 418.64 CREDIT CARD FEE

C. Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Boston State MA Zip Code 02110- Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11496 Date of Disbursement 07 / 01 / 2009
	Amount of Each Disbursement this Period 25.00 CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional) ▶	793.64
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Boston State MA Zip Code 02110- Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11497 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 15.03 CREDIT CARD FEE

B. Full Name (Last, First, Middle Initial) Jennifer Nassour Mailing Address 49 Chelsea St., Unit C1-307 City Boston State MA Zip Code 02129- Purpose of Disbursement Reimbursement for parking food and travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11462 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 138.99 REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

C. Full Name (Last, First, Middle Initial) Jennifer Nassour Mailing Address 49 Chelsea St., Unit C1-307 City Boston State MA Zip Code 02129- Purpose of Disbursement Reimbursement See below: Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11476 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 281.00 REIMBURSEMENT SEE BELOW:

SUBTOTAL of Disbursements This Page (optional) ▶	435.02
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Verizon Verizon Wireless Mailing Address PO Box 5029 City Wallingford State CT Zip Code 06492- Purpose of Disbursement J. Nassour Reimbursement for Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11479 Date of Disbursement 07 / 15 / 2009
	Amount of Each Disbursement this Period 281.00 [MEMO ITEM] MEMO: J. NASSOUR REIMBURSEMENT FOR CELL PHONE

B. Full Name (Last, First, Middle Initial) Jennifer Nassour Mailing Address 49 Chelsea St., Unit C1-307 City Boston State MA Zip Code 02129- Purpose of Disbursement Reimbursement for parking food and travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11478 Date of Disbursement 07 / 15 / 2009
	Amount of Each Disbursement this Period 68.23 REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

C. Full Name (Last, First, Middle Initial) Jennifer Nassour Mailing Address 49 Chelsea St., Unit C1-307 City Boston State MA Zip Code 02129- Purpose of Disbursement Reimbursement See Below: Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11477 Date of Disbursement 07 / 15 / 2009
	Amount of Each Disbursement this Period 188.30 REIMBURSEMENT SEE BELOW:

SUBTOTAL of Disbursements This Page (optional) ▶	256.53
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Delta Airline Mailing Address web address only- www.delta.com City Boston State MA Zip Code 02114- Purpose of Disbursement J. Nassour Reimbursement for airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11480 Date of Disbursement 07 / 15 / 2009
	Amount of Each Disbursement this Period 188.30 [MEMO ITEM] MEMO: J. NASSOUR REIMBURS- EMENT FOR AIRFARE

B. Full Name (Last, First, Middle Initial) Ox-Eye Properties Mailing Address c/o Massey & Co. 85 Merrimac Street City Boston State MA Zip Code 02114- Purpose of Disbursement Rent and Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11505 Date of Disbursement 07 / 28 / 2009
	Amount of Each Disbursement this Period 5087.91 RENT AND UTILITIES

C. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11502 Date of Disbursement 07 / 10 / 2009
	Amount of Each Disbursement this Period 155.00 PAYROLL FEE

SUBTOTAL of Disbursements This Page (optional) ▶

5242.91

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

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

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

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90817.E11469 Date of Disbursement 07 / 10 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 148.51
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll Fee	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL FEE

B.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90817.E11503 Date of Disbursement 07 / 10 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 1857.58
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll Tax	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAX

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90817.E11490 Date of Disbursement 07 / 23 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 1857.08
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll Tax	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAX

SUBTOTAL of Disbursements This Page (optional)	3863.17
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 43

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

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

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

A.	Full Name (Last, First, Middle Initial) Paypal Paypal	Transaction ID: 90817.E11500 Date of Disbursement 07 / 03 / 2009
	Mailing Address 12312 Port Grace Blvd	Amount of Each Disbursement this Period 30.00
	City La Vista State NE Zip Code 68128-	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD FEE

B.	Full Name (Last, First, Middle Initial) Paypal Paypal	Transaction ID: 90817.E11501 Date of Disbursement 07 / 06 / 2009
	Mailing Address 12312 Port Grace Blvd	Amount of Each Disbursement this Period 5.63
	City La Vista State NE Zip Code 68128-	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD FEE

C.	Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 90817.E11504 Date of Disbursement 07 / 23 / 2009
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 118.00
	City Des Moines State IA Zip Code 50368-9020	
	Purpose of Disbursement Office Supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

153.63

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 36 / 43

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

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

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

A. Full Name (Last, First, Middle Initial)
Union Club- Boston The Union Club

Mailing Address 8 Park Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
Room Rental and Catering for party related meeting - Non FEA

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90817.E11459
Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

408.74

ROOM RENTAL AND CATERING FOR PARTY RELATED MEETING - NON FEA

B. Full Name (Last, First, Middle Initial)
Verizon Verizon Wireless

Mailing Address PO Box 5029

City Wallingford State CT Zip Code 06492-

Purpose of Disbursement
Cell Phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90817.E11460
Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

114.87

CELL PHONE

SUBTOTAL of Disbursements This Page (optional)

523.61

TOTAL This Period (last page this line number only)

21588.41

**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

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

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

A.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 90817.E11464 Date of Disbursement 07 / 09 / 2009
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1942.95
	City Stoneham State MA Zip Code 02180-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 90817.E11486 Date of Disbursement 07 / 23 / 2009
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1942.95
	City Stoneham State MA Zip Code 02180-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 90817.E11466 Date of Disbursement 07 / 09 / 2009
	Mailing Address 34 Fresno St.	Amount of Each Disbursement this Period 657.37
	City Boston State MA Zip Code 02131-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	▶	4543.27
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 90817.E11487 Date of Disbursement 07 / 23 / 2009
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 657.37
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 90817.E11467 Date of Disbursement 07 / 09 / 2009
	Mailing Address 16 Oval Road	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1315.13
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 90817.E11488 Date of Disbursement 07 / 23 / 2009
	Mailing Address 16 Oval Road	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1315.13
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► **3287.63**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 43

<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

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

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

A. Full Name (Last, First, Middle Initial) Brett Kasper Mailing Address 43 Eastern Ave. Apt. 3 City Lynn State MA Zip Code 01902- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11468 Date of Disbursement 07 / 09 / 2009
	Amount of Each Disbursement this Period 648.31 PAYROLL
B. Full Name (Last, First, Middle Initial) Brett Kasper Mailing Address 43 Eastern Ave. Apt. 3 City Lynn State MA Zip Code 01902- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90817.E11489 Date of Disbursement 07 / 23 / 2009
	Amount of Each Disbursement this Period 648.31 PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

1296.62

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

9127.52

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 40 / 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 880.53	Transaction ID: LS90513.E11260	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 880.53

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

Outstanding Balance Beginning This Period 219.34	Transaction ID: LS90513.E11261	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 219.34

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

Outstanding Balance Beginning This Period 5416.25	Transaction ID: LS90817.E11470	
Amount Incurred This Period 0.00	Payment This Period 3500.00	Outstanding Balance at Close of This Period 1916.25

1) SUBTOTALS This Period This Page (optional).....	3016.12
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 32.49	Transaction ID: LS90513.E11263	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 32.49

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

Outstanding Balance Beginning This Period 1158.44	Transaction ID: LS90513.E11264	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1158.44

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

Outstanding Balance Beginning This Period 328.84	Transaction ID: LS90513.E11265	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 328.84

1) SUBTOTALS This Period This Page (optional).....	1519.77
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 / 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="803.20"/>	Transaction ID: LS90513.E11266	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="803.20"/>

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1303.20"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 43 / 43	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

1) SUBTOTALS This Period This Page (optional).....	1250.00
2) TOTALS This Period (last page this line number only).....	7089.09
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	7089.09