

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Massachusetts Republican State Congressional Committee

ADDRESS (number and street) 85 Merrimac Street, Suite 400

Check if different than previously reported. (ACC)

Boston MA 02114

2. **FEC IDENTIFICATION NUMBER** C00042622

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12G)
- Runoff (12R)

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on _____ in the State of _____

5. Covering Period 03 01 2007 through 03 31 2007

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 06 10 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		9164.06
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	22550.55									
(c) Total Receipts (from Line 19)	79097.15	200566.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101647.70	209730.43								
7. Total Disbursements (from Line 31)	78834.75	186917.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22812.95	22812.95								
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)	65638.59									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	45270.00	134570.00
(i) Itemized (use Schedule A)	31158.17	61514.17
(ii) Unitemized	76428.17	196084.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	500.00	550.00
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	76928.17	196634.17
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)	2168.98	2168.98
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	1763.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	79097.15	200566.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	79097.15	200566.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	54122.60	127702.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	54122.60	127702.67
22. Transfers to Affiliated/Other Party Committees.....	5000.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	19712.15	49214.81
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	19712.15	49214.81
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	78834.75	186917.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78834.75	186917.48

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	76928.17	196634.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76928.17	196634.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	54122.60	127702.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	2168.98	2168.98
38. Net Operating Expenditures (subtract Line 37 from Line 36)	51953.62	125533.69

Form/Schedule : **F3XA**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY WAS REQUIRED 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. *** Ladd Moore- offset to operations -\$324.83- was for COBRA health-insurance coverage reimbursement (paid to Harvard Pilgrim Healthcare) for former employee ** *** Brandon Barber - offset to operations -\$649.66- was for COBRA health-insurance coverage reimbursement (paid to Harvard Pilgrim Healthcare) for former employee ** *** Priscilla Ruzzo - offset to operations -\$649.66- was for COBRA health-insurance coverage reimbursement (paid to Harvard Pilgrim Healthcare) for former employee ** *** Jinara Reyes - offset to operations -\$324.83- was for COBRA health-insurance coverage reimbursement (paid to Harvard Pilgrim Healthcare) for former employee **

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 51
(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)
Ariel Acuna

Mailing Address 14 Windemere Road

City Wellesley State MA Zip Code 02481

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

Name of Employer LTG Capital LLC Occupation Financial Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 13 / 2007

Transaction ID: 70316.C164271

Amount of Each Receipt this Period 200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Robert Ahlstrom

Mailing Address 34 Washington St

City Bedford State MA Zip Code 01730

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

Name of Employer Information Requested Occupation Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 01 / 2007

Transaction ID: 70312.C163915

Amount of Each Receipt this Period 200.00

Receipt

C.

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

Mailing Address 20 Oak Street

City Beverly State MA Zip Code 01915

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

Name of Employer Corn Bay Associates Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 08 / 2007

Transaction ID: 70312.C164180

Amount of Each Receipt this Period 200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 / 51

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Martin Begien

Mailing Address 407 Warren Street

City State Zip Code
Brookline MA 02445

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 15 / 2007

Transaction ID: 70316.C164506

Amount of Each Receipt this Period 1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
George Bennett

Mailing Address 712 Main St.

City State Zip Code
Hingham MA 02043-3327

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 03 / 06 / 2007

Transaction ID: 70312.C164033

Amount of Each Receipt this Period 200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
George Berry

Mailing Address 133 Weston Rd.

City State Zip Code
Lincoln MA 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 ▼ 500.00

Date of Receipt 03 / 01 / 2007

Transaction ID: 70312.C163914

Amount of Each Receipt this Period 500.00

Receipt

SUBTOTAL of Receipts This Page (optional) 1700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ann Blackham
Mailing Address 60 Swan Road
City Winchester State MA Zip Code 01890
FEC ID number of contributing federal political committee. **C**
Name of Employer Coldwell Banker Occupation Real Estate Broker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
03 / 26 / 2007
Transaction ID: 70409.C164752
Amount of Each Receipt this Period 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
David Brown
Mailing Address PO BOX 672
City Hyannis Port State MA Zip Code 02647
FEC ID number of contributing federal political committee. **C**
Name of Employer Brown & Tarantino Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
03 / 26 / 2007
Transaction ID: 70409.C164772
Amount of Each Receipt this Period 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
John Cabot
Mailing Address 1 Tucks Point Road
City Manchester State MA Zip Code 01944
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt MM / DD / YYYY
03 / 29 / 2007
Transaction ID: 70409.C164936
Amount of Each Receipt this Period 2500.00
Receipt

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Eugene Cassis

Mailing Address 11 Dover Drive

City State Zip Code
Walpole MA 02081

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

Name of Employer Waters Inc Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2007

Transaction ID: 70409.C164764

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Lawrence Cohn

Mailing Address 45 Single Tree Road

City State Zip Code
Chestnut Hill MA 02467

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

Name of Employer Brigham & Womens Hospital Occupation Cardiac Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2007

Transaction ID: 70409.C164742

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Nelson Darling

Mailing Address 74 Beach Bluff Ave.

City State Zip Code
Swampscott MA 01907

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
MM / DD / YYYY
03 / 13 / 2007

Transaction ID: 70316.C164346

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 / 51
(check only one)

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

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

A.

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

Mailing Address 105 Blood Rd.

City State Zip Code
Charlton MA 01507

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

Name of Employer Occupation
Doucette & LaRose, LLC Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2007

Transaction ID: 70316.C164280

Amount of Each Receipt this Period
100.00

Receipt

B.

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

Mailing Address 105 Blood Rd.

City State Zip Code
Charlton MA 01507

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

Name of Employer Occupation
Doucette & LaRose, LLC Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2007

Transaction ID: 70409.C164791

Amount of Each Receipt this Period
100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
William Edgerly

Mailing Address 32 Highland St

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
State Street bank & Trust 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
03 / 12 / 2007

Transaction ID: 70316.C164250

Amount of Each Receipt this Period
200.00

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 12 / 51
(check only one)

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

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

A.

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

Mailing Address 128 Beacon Street
Unit H

City Boston State MA Zip Code 02116-1501

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

Name of Employer Battery Ventures Occupation Venture Capital

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2007
Transaction ID: 70312.C164206
Amount of Each Receipt this Period 1000.00
Receipt

B.

Full Name (Last, First, Middle Initial)
M. Dozier Gardner

Mailing Address 100 Upland Road

City Brookline State MA Zip Code 02445

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

Name of Employer Self Employed Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2007
Transaction ID: 70312.C163948
Amount of Each Receipt this Period 1000.00
Receipt

C.

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

Mailing Address 207 Granville Road

City Westfield State MA Zip Code 01085

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 03 / 26 / 2007
Transaction ID: 70409.C164754
Amount of Each Receipt this Period 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Henry Hall

Mailing Address 22 Randolph Street

City Belmont State MA Zip Code 02478

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2007

Transaction ID: 70312.C163949

Amount of Each Receipt this Period 500.00

Receipt

B. Full Name (Last, First, Middle Initial)
George Hoguet

Mailing Address 17 Chesam Rd.

City Brookline State MA Zip Code 02146

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

Name of Employer State Street Global Advisors Occupation Portfolio Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 27 / 2007

Transaction ID: 70409.C164789

Amount of Each Receipt this Period 750.00

Receipt

C. Full Name (Last, First, Middle Initial)
Amory Houghton, Jr.

Mailing Address 80 East Market Street Suite 300

City Corning State NY Zip Code 14830

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 ▼ 5100.00

Date of Receipt 03 / 15 / 2007

Transaction ID: 70316.C164554

Amount of Each Receipt this Period 5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 6250.00

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 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dorothy Jenney

Mailing Address 70 Landfall

City Falmouth State MA Zip Code 02540

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 03 / 26 / 2007

Transaction ID: 70409.C164773

Amount of Each Receipt this Period 200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Kevin Landry

Mailing Address 250 Boylston St. #6

City Boston State MA Zip Code 02116

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

Name of Employer TA Assoc Occupation Mgr Director & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 03 / 06 / 2007

Transaction ID: 70312.C164007

Amount of Each Receipt this Period 15000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Kevin Landry

Mailing Address 250 Boylston St. #6

City Boston State MA Zip Code 02116

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

Name of Employer TA Assoc Occupation Mgr Director & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 03 / 27 / 2007

Transaction ID: 70409.C164787

Amount of Each Receipt this Period -5000.00

Memo

[MEMO ITEM]
Kevin Landry, transfer of excess contrib from fed to non-fed

SUBTOTAL of Receipts This Page (optional) ► 15200.00

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 / 51
(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)
Beth Lindstrom

Mailing Address 161 Wharton Row

City Groton State MA Zip Code 01450

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

Name of Employer None Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 13 / 2007
Transaction ID: 70316.C164257
Amount of Each Receipt this Period: 200.00
Receipt

B.

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

Mailing Address 100 Fulton Street #5V

City Boston State MA Zip Code 02109

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

Name of Employer Department of Justice Occupation Federal Prosecutor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 15 / 2007
Transaction ID: 70316.C164466
Amount of Each Receipt this Period: 1000.00
Receipt

C.

Full Name (Last, First, Middle Initial)
Robert McCaffrey

Mailing Address 220 Boylston St. Apt. 1108

City Boston State MA Zip Code 02116

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 ▼ 125.00

Date of Receipt: 03 / 06 / 2007
Transaction ID: 70312.C164107
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1325.00

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 / 51
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert McCaffrey

Mailing Address 220 Boylston St.
Apt. 1108

City Boston State MA Zip Code 02116

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 MM / DD / YYYY
03 / 13 / 2007

Transaction ID: 70316.C164275

Amount of Each Receipt this Period 125.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Lawrence McCully

Mailing Address 174 Tracy Ave

City Lynn State MA Zip Code 01902

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

Name of Employer GE - Aviation Occupation Engineering Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt MM / DD / YYYY
03 / 06 / 2007

Transaction ID: 70312.C164008

Amount of Each Receipt this Period 200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Paul Michitson

Mailing Address 12 Nancy Ann Lane
DO NOT MAIL IN 2007

City Merrimac State MA Zip Code 01860

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 MM / DD / YYYY
03 / 01 / 2007

Transaction ID: 70312.C163950

Amount of Each Receipt this Period 100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Shirley Perry
Mailing Address 27 Lathrop Rd.
City Wellesley State MA Zip Code 02482
FEC ID number of contributing federal political committee. **C**
Name of Employer At Home Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00
Date of Receipt 03 / 12 / 2007
Transaction ID: 70316.C164252
Amount of Each Receipt this Period 200.00
Receipt

B. Full Name (Last, First, Middle Initial)
Robert Reynolds
Mailing Address 153 Garfield Road
City Concord State MA Zip Code 01742
FEC ID number of contributing federal political committee. **C**
Name of Employer Fidelity Investments Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 03 / 08 / 2007
Transaction ID: 70312.C164179
Amount of Each Receipt this Period 10000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Clark Smith
Mailing Address 101 Federal ST., STE. 1900
DO NOT MAIL
City Boston State MA Zip Code 02110
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 15 / 2007
Transaction ID: 70316.C164507
Amount of Each Receipt this Period 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 10700.00
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 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mimi Sundstrom
Mailing Address 66 Allerton Rd.
City Milton State MA Zip Code 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 ▼ 250.00
Date of Receipt 03 / 08 / 2007
Transaction ID: 70312.C164213
Amount of Each Receipt this Period 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Mimi Sundstrom
Mailing Address 66 Allerton Rd.
City Milton State MA Zip Code 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 ▼ 270.00
Date of Receipt 03 / 15 / 2007
Transaction ID: 70316.C164565
Amount of Each Receipt this Period 20.00
Receipt

C. Full Name (Last, First, Middle Initial)
Arthur Turner
Mailing Address PO Box 543
City Carlisle State MA Zip Code 01741
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 03 / 13 / 2007
Transaction ID: 70316.C164375
Amount of Each Receipt this Period 200.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 470.00
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 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Arthur Turner

Mailing Address PO Box 543

City State Zip Code
Carlisle MA 01741

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2007

Transaction ID: 70316.C164272

Amount of Each Receipt this Period
200.00

Receipt

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

Mailing Address 88 Brockton Ave

City State Zip Code
Haverhill MA 01830

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

Name of Employer Occupation
Cedardale Inc. Owner/Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2007

Transaction ID: 70316.C164258

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Richard Whiting

Mailing Address 67 Park Slope

City State Zip Code
Holyoke MA 01040

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2007

Transaction ID: 70409.C164958

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

TOTAL This Period (last page this line number only) ▶ **45270.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 51
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Committee to Re-Elect George Peterson		Date of Receipt
	Mailing Address P.O. Box 274		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Grafton	MA	01519
	FEC ID number of contributing federal political committee.		Transaction ID: 70312.C163983
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Candidate Committee		Occupation	Receipt
		OCPF 12408	
Receipt For:	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>	
<input type="checkbox"/> Primary	<input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 21 / 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brandon Barber

Mailing Address 106 Kendall Pond Rd.

City State Zip Code
Windham NH 03087-

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 ▼ 649.66

Date of Receipt
MM / DD / YYYY
03 / 25 / 2007

Transaction ID: 70409.C164761

Amount of Each Receipt this Period
649.66

Offsets to Operating Expenditure

B. Full Name (Last, First, Middle Initial)
Ladd Moore

Mailing Address 51 Phillips St. Apt. # 1

City State Zip Code
Boston MA 02114-

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 ▼ 324.83

Date of Receipt
MM / DD / YYYY
03 / 25 / 2007

Transaction ID: 70409.C164762

Amount of Each Receipt this Period
324.83

Offsets to Operating Expenditure

C. Full Name (Last, First, Middle Initial)
Jinara Reyes

Mailing Address 66 Greenleaf St. Apt. # 33

City State Zip Code
Quincy MA 02169-

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

Name of Employer Information Requested Occupation Information Requested
Romney for President Fundraising

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.83

Date of Receipt
MM / DD / YYYY
03 / 25 / 2007

Transaction ID: 70409.C164760

Amount of Each Receipt this Period
324.83

Offsets to Operating Expenditure

SUBTOTAL of Receipts This Page (optional) ► 1299.32

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 / 51	
	(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

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

A.

Full Name (Last, First, Middle Initial) Priscilla Ruzzo		Date of Receipt																					
Mailing Address 85 Overlook Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	5		2	0	0	7														
City	State	Zip Code																					
Boston	MA	02132-																					
FEC ID number of contributing federal political committee.		Transaction ID: 70409.C164763																					
C		Amount of Each Receipt this Period																					
		649.66																					
Name of Employer Romney for President		Occupation Fundraising																					
Receipt For:		Offsets to Operating Expenditure																					
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		649.66																					

SUBTOTAL of Receipts This Page (optional)	▶	649.66
TOTAL This Period (last page this line number only)	▶	1948.98

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</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 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: 70312.E9629</p> <p>Date of Disbursement 03 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1944.91</p> <p>DIRECT MAIL - PARTY RELATED NON FEA</p>
<p>B.</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: 90508.E11235</p> <p>Date of Disbursement 03 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 266.87</p> <p>PAYMENT OF DEBT FOR DIRECT MAIL - PARTY RELATED NON FEA</p>
<p>C.</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 Direct Mail and Telemarketing</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: 70320.E9646</p> <p>Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 4735.90</p> <p>DIRECT MAIL AND TELEMARKETING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6947.68

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 70409.E9674 Date of Disbursement 03 / 19 / 2007
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 4960.61
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Direct Mail and Telemarketing	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT MAIL AND TELEMARKETING
	State: District:	

B.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90508.E11241 Date of Disbursement 03 / 21 / 2007
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 3.58
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Original debt for direct mail - party related non FEA	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ORIGINAL DEBT FOR DIRECT MAIL - PARTY RELATED NON FEA
	State: District:	

C.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 70419.E9691 Date of Disbursement 03 / 26 / 2007
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 1164.57
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Direct Mail and Telemarketing	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DIRECT MAIL AND TELEMARKETING
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	6128.76
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 51

<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) Rhonda Avola Mailing Address 306 Main St. Unit 10 City Melrose State MA Zip Code 02176- Purpose of Disbursement Administration Service 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: 70312.E9628 Date of Disbursement 03 / 05 / 2007 Amount of Each Disbursement this Period 990.00 ADMINISTRATION SERVICE
B.	Full Name (Last, First, Middle Initial) Patton Boggs LLP Mailing Address 2550 M. St. N.W. City Washington State DC Zip Code 20037- Purpose of Disbursement Legal 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: 70409.E9671 Date of Disbursement 03 / 19 / 2007 Amount of Each Disbursement this Period 2220.49 LEGAL FEE
C.	Full Name (Last, First, Middle Initial) Maeve Bowman Mailing Address 404 Commercial St. Apt 2 City Boston State MA Zip Code 02109- Purpose of Disbursement Administration Service 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: 70312.E9626 Date of Disbursement 03 / 05 / 2007 Amount of Each Disbursement this Period 594.00 ADMINISTRATION SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	3804.49
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage <hr/> Mailing Address 39 Old Colony Ave. <hr/> City Boston State MA Zip Code 02127- <hr/> Purpose of Disbursement Storage Candidate Name Category/Type <hr/> 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:	Transaction ID: 70312.E9622 Date of Disbursement 03 / 05 / 2007 <hr/> Amount of Each Disbursement this Period 329.00 <hr/> STORAGE
B.	Full Name (Last, First, Middle Initial) Conference Call Conference Call. <hr/> Mailing Address 1445 MacArthur Dr. Suite 214 <hr/> City Carrollton State TX Zip Code 75007- <hr/> Purpose of Disbursement Conference Call Candidate Name Category/Type <hr/> 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:	Transaction ID: 70320.E9638 Date of Disbursement 03 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 145.52 <hr/> CONFERENCE CALL
C.	Full Name (Last, First, Middle Initial) Conference Call Conference Call. <hr/> Mailing Address 1445 MacArthur Dr. Suite 214 <hr/> City Carrollton State TX Zip Code 75007- <hr/> Purpose of Disbursement Conference Call Candidate Name Category/Type <hr/> 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:	Transaction ID: 70409.E9666 Date of Disbursement 03 / 19 / 2007 <hr/> Amount of Each Disbursement this Period 478.91 <hr/> CONFERENCE CALL

SUBTOTAL of Disbursements This Page (optional) ► 953.43

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CPMA, Inc.</p> <p>Mailing Address 84 Prescott St. Suite 21</p> <p>City Cambridge State MA Zip Code 02138-</p> <p>Purpose of Disbursement Political Consulting</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: 70320.E9639 Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>POLITICAL CONSULTING</p>
<p>B. Full Name (Last, First, Middle Initial) Hui Jojo Deng</p> <p>Mailing Address 117 Beaconsfield Road</p> <p>City Brookline State MA Zip Code 02445-</p> <p>Purpose of Disbursement Accounting Service</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: 70312.E9624 Date of Disbursement 03 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 660.00</p> <p>ACCOUNTING SERVICE</p>
<p>C. Full Name (Last, First, Middle Initial) DirecTV DirecTV</p> <p>Mailing Address PO Box 60036</p> <p>City Los Angeles State CA Zip Code 90060-0036</p> <p>Purpose of Disbursement Cable Service</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: 70320.E9640 Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 147.57</p> <p>CABLE SERVICE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2807.57

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kirk Dobson</p> <p>Mailing Address 1209 Boylston St.</p> <p>City Boston State MA Zip Code 02215-</p> <p>Purpose of Disbursement Reimbursement for Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 70409.E9668 Date of Disbursement 03 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 40.80</p> <p>REIMBURSEMENT FOR TRAVEL</p>
<p>B. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)</p> <p>Mailing Address PO Box 371461</p> <p>City Pittsburgh State PA Zip Code 15250-</p> <p>Purpose of Disbursement Express Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 70312.E9623 Date of Disbursement 03 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 105.28</p> <p>EXPRESS MAIL</p>
<p>C. Full Name (Last, First, Middle Initial) Fleet Bank</p> <p>Mailing Address 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Bank Service Charges</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: 70419.E9695 Date of Disbursement 03 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 295.50</p> <p>BANK SERVICE CHARGES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

441.58

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Garage Government Center	Transaction ID: 70409.E9667 Date of Disbursement
	Mailing Address 50 New Sudbury Street	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period
	Purpose of Disbursement Parking	<input type="text" value="1280.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PARKING

B.	Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal	Transaction ID: 70409.E9677 Date of Disbursement
	Mailing Address 1200 Crown Colony Dr.	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City Quincy State MA Zip Code 02169-	Amount of Each Disbursement this Period
	Purpose of Disbursement Health Insurance	<input type="text" value="1462.05"/>
	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) ▼
		HEALTH INSURANCE

C.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 70312.E9625 Date of Disbursement
	Mailing Address 16 Oval Road	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement for Travel	<input type="text" value="101.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2843.84"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Lexis-Nexis Mailing Address PO Box 7247-7090 City Philadelphia State PA Zip Code 19170- Purpose of Disbursement payment of debt for research party related Candidate Name	Transaction ID: 90513.E11270 Date of Disbursement 03 / 12 / 2007
	Amount of Each Disbursement this Period 1250.00 Category/Type PAYMENT OF DEBT FOR RESEARCH PARTY RELATED
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) Lexis-Nexis Mailing Address PO Box 7247-7090 City Philadelphia State PA Zip Code 19170- Purpose of Disbursement Payment of debt for research party related Candidate Name	Transaction ID: 70320.E9643 Date of Disbursement 03 / 12 / 2007
	Amount of Each Disbursement this Period 1250.00 Category/Type PAYMENT OF DEBT FOR RESEARCH PARTY RELATED
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) Lexis-Nexis Mailing Address PO Box 7247-7090 City Philadelphia State PA Zip Code 19170- Purpose of Disbursement Original debt for research party related Candidate Name	Transaction ID: 70409.E9669 Date of Disbursement 03 / 19 / 2007
	Amount of Each Disbursement this Period 1250.00 Category/Type ORIGINAL DEBT FOR RESEARCH PARTY RELATED
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) ▶	3750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 70419.E9693 Date of Disbursement 03 / 01 / 2007
	Mailing Address: Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 25.00
	City: Boston State: MA Zip Code: 02110-	
	Purpose of Disbursement: Credit Card Fee	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD FEE

B.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 70419.E9692 Date of Disbursement 03 / 01 / 2007
	Mailing Address: Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 162.35
	City: Boston State: MA Zip Code: 02110-	
	Purpose of Disbursement: Credit card Fee	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD FEE

C.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 70419.E9694 Date of Disbursement 03 / 23 / 2007
	Mailing Address: Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 105.00
	City: Boston State: MA Zip Code: 02110-	
	Purpose of Disbursement: Credit Card Equipment	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD EQUIPMENT

SUBTOTAL of Disbursements This Page (optional)	▶	292.35
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) mindShift Technologies, Inc.</p> <p>Mailing Address PO Box 200105</p> <p>City Pittsburgh State PA Zip Code 15251-</p> <p>Purpose of Disbursement Payment of debt for IT Support 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: 70320.E9645 Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>PAYMENT OF DEBT FOR IT SUPPORT PARTY RELATED NON FEA</p>
<p>B. Full Name (Last, First, Middle Initial) mindShift Technologies, Inc.</p> <p>Mailing Address PO Box 200105</p> <p>City Pittsburgh State PA Zip Code 15251-</p> <p>Purpose of Disbursement Payment of debt for IT Support 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: 70409.E9670 Date of Disbursement 03 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1552.00</p> <p>PAYMENT OF DEBT FOR IT SUPPORT PARTY RELATED NON FEA</p>
<p>C. Full Name (Last, First, Middle Initial) Konica Minolta Business Systems</p> <p>Mailing Address P.O. Box 7247-0322</p> <p>City Philadelphia State PA Zip Code 19170-0322</p> <p>Purpose of Disbursement Copier Rental</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: 70320.E9642 Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1066.17</p> <p>COPIER RENTAL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5118.17

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)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey & Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 70409.E9678 Date of Disbursement 03 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 3695.00</p> <p>Category/Type RENT</p>
<p>B. Full Name (Last, First, Middle Initial) Paychex/InterPay</p> <p>Mailing Address PO Box 8295</p> <p>City Boston State MA Zip Code 02266-</p> <p>Purpose of Disbursement Payroll-Taxes</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: 70312.E9617 Date of Disbursement 03 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 5060.44</p> <p>Category/Type PAYROLL-TAXES</p>
<p>C. Full Name (Last, First, Middle Initial) Paychex/InterPay</p> <p>Mailing Address PO Box 8295</p> <p>City Boston State MA Zip Code 02266-</p> <p>Purpose of Disbursement Payroll Service</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: 70312.E9618 Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 126.22</p> <p>Category/Type PAYROLL SERVICE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8881.66

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Service charge-401 K Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70312.E9619 Date of Disbursement 03 / 16 / 2007
	Amount of Each Disbursement this Period 155.00
	Category/ Type PAYROLL SERVICE CHARGE-401 K
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 5359.88	Category/ Type PAYROLL TAXES

B. Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement Bottle Water Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70312.E9627 Date of Disbursement 03 / 05 / 2007
	Amount of Each Disbursement this Period 197.17
	Category/ Type BOTTLE WATER
	Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement Bottle Water Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 197.17	Category/ Type BOTTLE WATER

C. Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement Bottle Water Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70312.E9627 Date of Disbursement 03 / 05 / 2007
	Amount of Each Disbursement this Period 197.17
	Category/ Type BOTTLE WATER
	Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement Bottle Water Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 197.17	Category/ Type BOTTLE WATER

SUBTOTAL of Disbursements This Page (optional) ▶

5712.05

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Poland Spring Poland Spring	Transaction ID: 70409.E9672 Date of Disbursement 03 / 19 / 2007
	Mailing Address Processing Center PO Box 52271	Amount of Each Disbursement this Period 75.03
	City Phoenix State AZ Zip Code 85072-	
	Purpose of Disbursement Bottle Water	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) ▼
		BOTTLE WATER

B.	Full Name (Last, First, Middle Initial) Boston Postmaster	Transaction ID: 70409.E9673 Date of Disbursement 03 / 19 / 2007
	Mailing Address JW MCCORMACK STATION New Chardon Street	Amount of Each Disbursement this Period 390.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement Postage-General	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) ▼
		POSTAGE-GENERAL

C.	Full Name (Last, First, Middle Initial) Mark Rowe	Transaction ID: 70320.E9653 Date of Disbursement 03 / 12 / 2007
	Mailing Address 216 W. Plain St.	Amount of Each Disbursement this Period 1161.96
	City Wayland State MA Zip Code 01778-	
	Purpose of Disbursement Reimbursement: See Below	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

1626.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Pagliucas Ristorant	Transaction ID: 70320.E9656 Date of Disbursement 03 / 12 / 2007
	Mailing Address 14 Parmenter St.	Amount of Each Disbursement this Period 238.15
	City Boston State MA Zip Code 02113-	
	Purpose of Disbursement M. Rowe Reimbursement for food Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
MEMO: M. ROWE REIMBURSEMENT FOR FOOD

B.	Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 70320.E9655 Date of Disbursement 03 / 12 / 2007
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 115.40
	City Des Moines State IA Zip Code 50368-9020	
	Purpose of Disbursement M.Rowe Reimbursement for printer Ink Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
MEMO: M. ROWE REIMBURSEMENT FOR PRINTER INK

C.	Full Name (Last, First, Middle Initial) Verizon Verizon Wireless	Transaction ID: 70320.E9654 Date of Disbursement 03 / 12 / 2007
	Mailing Address PO Box 5029	Amount of Each Disbursement this Period 635.42
	City Wallingford State CT Zip Code 06492-	
	Purpose of Disbursement M.Rowe Reimbursement for phone calls Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
MEMO: M. ROWE REIMBURSEMENT FOR PHONE CALLS

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Staples, Inc.</p> <p>Mailing Address Staples Credit Plan Dept. 80 - 0088936796</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement Office Supplies</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: 70320.E9647 Date of Disbursement: 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 99.17</p> <p>OFFICE SUPPLIES</p>
<p>B. Full Name (Last, First, Middle Initial) News Service State House</p> <p>Mailing Address 568 Washington St. Suite 24</p> <p>City Wellesley Hills State MA Zip Code 02181-</p> <p>Purpose of Disbursement Subscription</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: 70312.E9630 Date of Disbursement: 03 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 2496.00</p> <p>SUBSCRIPTION</p>
<p>C. Full Name (Last, First, Middle Initial) T-Mobile T-Mobile</p> <p>Mailing Address PO Box 790047</p> <p>City Saint Louis State MO Zip Code 63179-</p> <p>Purpose of Disbursement Phone service</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: 70409.E9675 Date of Disbursement: 03 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 289.21</p> <p>PHONE SERVICE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2884.38

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 70320.E9650 Date of Disbursement 03 / 12 / 2007
	Mailing Address P.O. Box 1	Amount of Each Disbursement this Period 415.46
	City Worcester State MA Zip Code 01654-	
	Purpose of Disbursement Phone	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) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 70409.E9676 Date of Disbursement 03 / 19 / 2007
	Mailing Address P.O. Box 1	Amount of Each Disbursement this Period 435.21
	City Worcester State MA Zip Code 01654-	
	Purpose of Disbursement Phone	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) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Internet Services	Transaction ID: 70320.E9651 Date of Disbursement 03 / 12 / 2007
	Mailing Address PO Box 101096	Amount of Each Disbursement this Period 767.62
	City Atlanta State GA Zip Code 30392-	
	Purpose of Disbursement Internet Services	INTERNET SERVICES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1618.29

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

53811.24

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Mass Republican State Committee

Mailing Address 85 Merrimac Street
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Kevin Landry transfer of excess contrib from fed to non-fed

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70409.E9664

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 51

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

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

A.	Full Name (Last, First, Middle Initial) Kirk Dobson <hr/> Mailing Address 1209 Boylston St. <hr/> City Boston State MA Zip Code 02215- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70409.E9658 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7	Amount of Each Disbursement this Period 605.45
B.	Full Name (Last, First, Middle Initial) Brian Dodge <hr/> Mailing Address 10 Parker Road <hr/> City Groveland State MA Zip Code 01834- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70312.E9612 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	Amount of Each Disbursement this Period 2028.39
C.	Full Name (Last, First, Middle Initial) Brian Dodge <hr/> Mailing Address 10 Parker Road <hr/> City Groveland State MA Zip Code 01834- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70409.E9659 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7	Amount of Each Disbursement this Period 2028.39

SUBTOTAL of Disbursements This Page (optional)	4662.23
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bruce Harrison	Transaction ID: 70312.E9621 Date of Disbursement 03 / 05 / 2007
	Mailing Address 101 Elm St	
	City Wakefield State MA Zip Code 01880-	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Payroll-Administration Candidate Name	PAYROLL-ADMINISTRATION
	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: 70312.E9613 Date of Disbursement 03 / 08 / 2007
	Mailing Address 16 Oval Road	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 974.76
	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: 70409.E9660 Date of Disbursement 03 / 22 / 2007
	Mailing Address 16 Oval Road	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 974.76
	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)	2949.52
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Communication, Inc. Majority</p> <p>Mailing Address 274 Marconi Blvd. Suite 260</p> <p>City Columbus State OH Zip Code 43215-</p> <p>Purpose of Disbursement Payment of Debt for FEA Get Out the Vote Mailing</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: 70320.E9644 Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>PAYMENT OF DEBT FOR FEA GET OUT THE VOTE MAILING</p>
<p>B. Full Name (Last, First, Middle Initial) Ruth Rice</p> <p>Mailing Address 30 Fernview Apt 1</p> <p>City North Andover State MA Zip Code 01845-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 70312.E9614 Date of Disbursement 03 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 447.66</p> <p>PAYROLL</p>
<p>C. Full Name (Last, First, Middle Initial) Peter Torkildsen</p> <p>Mailing Address 1 Stony Brook Road</p> <p>City Chelmsford State MA Zip Code 01863-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 70312.E9615 Date of Disbursement 03 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 3476.21</p> <p>PAYROLL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5923.87

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 51

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

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

A.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 70409.E9661 Date of Disbursement 03 / 22 / 2007
	Mailing Address 1 Stony Brook Road	Amount of Each Disbursement this Period 3703.35
	City Chelmsford State MA Zip Code 01863-	
	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) Robert Willington	Transaction ID: 70312.E9616 Date of Disbursement 03 / 08 / 2007
	Mailing Address 12 Arlington Street	Amount of Each Disbursement this Period 1236.59
	City Reading State MA Zip Code 01867-	
	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) Robert Willington	Transaction ID: 70409.E9662 Date of Disbursement 03 / 22 / 2007
	Mailing Address 12 Arlington Street	Amount of Each Disbursement this Period 1236.59
	City Reading State MA Zip Code 01867-	
	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)	▶	6176.53
TOTAL This Period (last page this line number only)	▶	19712.15

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 44 / 51
	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): Payment of debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period <input type="text" value="266.87"/>	Transaction ID: LS90508.E11235	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="266.87"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="5665.04"/>	Transaction ID: LS90508.E11233	
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="5665.04"/>

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

Outstanding Balance Beginning This Period <input type="text" value="9891.83"/>	Transaction ID: LS90508.E11236	
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="9891.83"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="15556.87"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period		Transaction ID: LS90508.E11238	
475.83			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	475.83	

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

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

Outstanding Balance Beginning This Period		Transaction ID: LS90508.E11239	
15.69			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	15.69	

1) SUBTOTALS This Period This Page (optional).....	▶	5802.52
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 0.00	Transaction ID: LS90508.E11247	
Amount Incurred This Period 9980.45	Payment This Period 0.00	Outstanding Balance at Close of This Period 9980.45

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 0.00	Transaction ID: LS90508.E11240	
Amount Incurred This Period 1445.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 1445.12

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

1) SUBTOTALS This Period This Page (optional).....	20777.20
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 47 / 51
	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): Payment of debt for resea- rch party related
Mailing Address PO Box 7247-7090	
City Philadelphia State PA ZIP Code 19170-	

Outstanding Balance Beginning This Period 1250.00	Transaction ID: LS70320.E9643	
Amount Incurred This Period 0.00	Payment This Period 1250.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1250.00	Transaction ID: LS90513.E11270	
Amount Incurred This Period 0.00	Payment This Period 1250.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1250.00	Transaction ID: LS70409.E9669	
Amount Incurred This Period 0.00	Payment This Period 1250.00	Outstanding Balance at Close of This Period 0.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 48 / 51
	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 1250.00	Transaction ID: LS90513.E11273	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

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

Outstanding Balance Beginning This Period 1250.00	Transaction ID: LS90513.E11274	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 0.00	Transaction ID: LS90513.E11275	
Amount Incurred This Period 1250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

1) SUBTOTALS This Period This Page (optional).....	3750.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11298	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1280.00	0.00	1280.00	

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

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

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

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11295	
640.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	640.00	

1) SUBTOTALS This Period This Page (optional).....	▶	2560.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 2500.00	Transaction ID: LS70320.E9645	
Amount Incurred This Period 0.00	Payment This Period 2500.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1552.00	Transaction ID: LS70409.E9670	
Amount Incurred This Period 0.00	Payment This Period 1552.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 1596.00	Transaction ID: LS90513.E11285	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1596.00

1) SUBTOTALS This Period This Page (optional).....	▶	1596.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 51 / 51
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NAME OF COMMITTEE (In Full)
 Massachusetts Republican State Congressional Committee

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS90513.E11286	
Amount Incurred This Period 1596.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1596.00

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

Outstanding Balance Beginning This Period 16000.00	Transaction ID: LS70320.E9644	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 14000.00

1) SUBTOTALS This Period This Page (optional).....	15596.00
2) TOTALS This Period (last page this line number only).....	65638.59
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)	65638.59