

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (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), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2009 through 01 31 2009

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 06 11 2009

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 9: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		22603.34
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	22603.34									
(c) Total Receipts (from Line 19) .....	92299.00	92299.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	114902.34	114902.34								
7. Total Disbursements (from Line 31) .....	49510.41	49510.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	65391.93	65391.93								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	28377.09									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	79730.00	79730.00
(i) Itemized (use Schedule A) .....	12569.00	12569.00
(ii) Unitemized .....	92299.00	92299.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	92299.00	92299.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	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)) .....	92299.00	92299.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	92299.00	92299.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	40091.78	40091.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	40091.78	40091.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	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 .....	9418.63	9418.63
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	9418.63	9418.63
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49510.41	49510.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49510.41	49510.41

**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) .....	92299.00	92299.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	92299.00	92299.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	40091.78	40091.78
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	40091.78	40091.78

Form/Schedule : **F3XA**

Transaction ID :

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy.

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 42

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 01 / 27 / 2009

**Transaction ID:** 90127.C172360

Amount of Each Receipt this Period 1000.00

Receipt

**B.**

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

Mailing Address 60 Swan Road

City State Zip Code  
Winchester MA 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 01 / 14 / 2009

**Transaction ID:** 90123.C172213

Amount of Each Receipt this Period 1000.00

Receipt

**C.**

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

Mailing Address 9 Jackson Pond

City State Zip Code  
Dedham MA 02026

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 01 / 27 / 2009

**Transaction ID:** 90127.C172392

Amount of Each Receipt this Period 500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

**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 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Nelson Burbank

Mailing Address 24 Juniper Circle

City State Zip Code  
Reading MA 01867

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

Name of Employer Retired      Occupation Retired

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

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

**Transaction ID:** 90123.C172245

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Richard Clemence

Mailing Address 28 Pinedale St.

City State Zip Code  
Southbridge MA 01550

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

Name of Employer Hyde Group Inc      Occupation Vice Chairman

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

**Transaction ID:** 90123.C172292

Amount of Each Receipt this Period  
200.00

Receipt

**C.** 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1250.00

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

**Transaction ID:** 90123.C172243

Amount of Each Receipt this Period  
1250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2450.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gould Coleman</p> <p>Mailing Address 81 Bickford Hill Rd</p> <p>City State Zip Code Gardner MA 01440</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For:      Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼      <span style="border: 1px solid black; padding: 2px;">150.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 1 3 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 90123.C172201</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>Receipt</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Gould Coleman</p> <p>Mailing Address 81 Bickford Hill Rd</p> <p>City State Zip Code Gardner MA 01440</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For:      Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼      <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 2 9 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 90213.C172421</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Cronin</p> <p>Mailing Address 72 Cliff Rd.</p> <p>City State Zip Code Weston MA 02493</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Weston Presidio      Occupation Venture Capitalist</p> <p>Receipt For:      Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼      <span style="border: 1px solid black; padding: 2px;">10000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 0 7 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> 90123.C172153</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">10000.00</span></p> <p>Receipt</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">10250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 42  
(check only one)

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

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

**A.**

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

Mailing Address 10 Andrea Drive

City State Zip Code  
Hopkinton MA 01748

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

Name of Employer Harborvest Partners Occupation Financial Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2009

**Transaction ID:** 90123.C172244

Amount of Each Receipt this Period  
10000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Wesley Eaton

Mailing Address 304 Brooksby Village Drive  
Unit 308

City State Zip Code  
Peabody MA 01960

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 ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2009

**Transaction ID:** 90123.C172211

Amount of Each Receipt this Period  
5000.00

Receipt

**C.**

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

Mailing Address PO Box 954  
9 Prospect Hill Road

City State Zip Code  
Stockbridge MA 01262

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 ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2009

**Transaction ID:** 90123.C172198

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **20000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jay Forrester	Date of Receipt MM / DD / YYYY 01 / 21 / 2009
	Mailing Address 80 Deaconess Road Suite 442	<b>Transaction ID:</b> 90123.C172269
	City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Madeline Gregory	Date of Receipt MM / DD / YYYY 01 / 20 / 2009
	Mailing Address 300 Summer St DO NOT CALL re EVENTS	<b>Transaction ID:</b> 90123.C172241
	City State Zip Code Westwood MA 02090	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer At Home Occupation At Home (Housewife) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Hofmann	Date of Receipt MM / DD / YYYY 01 / 20 / 2009
	Mailing Address 223 Rutledge Road	<b>Transaction ID:</b> 90123.C172242
	City State Zip Code Belmont MA 02478	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Self Employed Occupation insurance agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 42  
(check only one)

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

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

**A.**

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

Mailing Address 11 Sunset Rd

City State Zip Code  
Weston MA 02493

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

Name of Employer Ionics Inc. Occupation Chemical Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt MM / DD / YYYY  
01 / 27 / 2009

Transaction ID: 90127.C172362

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 State Zip Code  
Boston MA 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 ▼ 10000.00

Date of Receipt MM / DD / YYYY  
01 / 09 / 2009

Transaction ID: 90123.C172159

Amount of Each Receipt this Period 10000.00

Receipt

**C.**

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

Mailing Address 9 Hardy Road

City State Zip Code  
Marlborough MA 01752

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

Name of Employer Astrazeneca R&D Boston Occupation Research Scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
01 / 27 / 2009

Transaction ID: 90127.C172391

Amount of Each Receipt this Period 300.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10500.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James McManus  
Mailing Address 88 Chestnut St  
City Weston State MA Zip Code 02493  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Commercial Real Estate  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 20 / 2009  
Transaction ID: 90123.C172246  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Edward Michaud  
Mailing Address 12 Highland St.  
City Weston State MA Zip Code 02493  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Orthodontist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1230.00  
Date of Receipt 01 / 10 / 2009  
Transaction ID: 90123.C172167  
Amount of Each Receipt this Period 1230.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Frank Pedlow  
Mailing Address 23 Ridgeway Lane  
City Boston State MA Zip Code 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 ▼ 250.00  
Date of Receipt 01 / 27 / 2009  
Transaction ID: 90127.C172378  
Amount of Each Receipt this Period 250.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2480.00  
**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 / 42

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Lovett Peters

Mailing Address 81 Old Orchard Rd.

City State Zip Code  
Newton MA 02467

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

Name of Employer Occupation  
Pioneer Institute Executive

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

Date of Receipt

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

Transaction ID: 90123.C172240

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

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

Mailing Address 82 Marmion Way

City State Zip Code  
Rockport MA 01966

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 ▼ 200.00

Date of Receipt

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

Transaction ID: 90127.C172395

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Frank Pickering

Mailing Address 18 Strawberry Hill Lane

City State Zip Code  
Danvers MA 01923

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 ▼ 200.00

Date of Receipt

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

Transaction ID: 90127.C172394

Amount of Each Receipt this Period

200.00

Receipt

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

1400.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Potaski  
Mailing Address 24B Church Street  
City Linwood State MA Zip Code 01525  
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 01 / 23 / 2009  
Transaction ID: 90127.C172345  
Amount of Each Receipt this Period 2500.00  
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 01 / 13 / 2009  
Transaction ID: 90123.C172197  
Amount of Each Receipt this Period 10000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Rosmarie Scully  
Mailing Address 30 Somerset St.  
City Belmont State MA Zip Code 02478  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Scully Signal Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 01 / 27 / 2009  
Transaction ID: 90127.C172361  
Amount of Each Receipt this Period 2000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 14500.00  
**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 / 42  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Carl Selavka

Mailing Address 73 North Maple Street

City Hadley State MA Zip Code 01035

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 01 / 27 / 2009  
**Transaction ID:** 90127.C172390  
Amount of Each Receipt this Period 200.00  
Receipt

**B.**

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

Mailing Address 31 Lathrop Road

City Wellesley State MA Zip Code 02482

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

Name of Employer Kraematon Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 14 / 2009  
**Transaction ID:** 90123.C172214  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Nancy Steinmann

Mailing Address 220 Boylston St.

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 ▼ 1000.00

Date of Receipt 01 / 27 / 2009  
**Transaction ID:** 90127.C172359  
Amount of Each Receipt this Period 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gilbert Steward	Date of Receipt MM / DD / YYYY 01 / 27 / 2009
	Mailing Address 137 Larch Row	<b>Transaction ID:</b> 90127.C172358
	City State Zip Code Wenham MA 01984	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter Torkildsen	Date of Receipt MM / DD / YYYY 01 / 27 / 2009
	Mailing Address 1 Stony Brook Road	<b>Transaction ID:</b> 90213.C172400
	City State Zip Code Chelmsford MA 01863	Amount of Each Receipt this Period 1325.00
	FEC ID number of contributing federal political committee. <b>C</b>	In-Kind
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1325.00	In-kind donation of office furniture

<b>C.</b>	Full Name (Last, First, Middle Initial) Raymond Tye	Date of Receipt MM / DD / YYYY 01 / 23 / 2009
	Mailing Address 175 Campanelli Drive	<b>Transaction ID:</b> 90123.C172344
	City State Zip Code Braintree MA 02184	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
Name of Employer United Liquors, Ltd.	Occupation Chairman of the Board of Direc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6325.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter Voss	Date of Receipt MM / DD / YYYY 01 / 13 / 2009
	Mailing Address One Charles Street South Apt 7-H	<b>Transaction ID:</b> 90123.C172200
	City State Zip Code Boston MA 02116	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jacques Wajsfelner	Date of Receipt MM / DD / YYYY 01 / 13 / 2009
	Mailing Address 298 Concord Rd.	<b>Transaction ID:</b> 90123.C172199
	City State Zip Code Weston MA 02493	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) D. Bradford Wetherell	Date of Receipt MM / DD / YYYY 01 / 30 / 2009
	Mailing Address 47 Fresh Pond Ln.	<b>Transaction ID:</b> 90213.C172448
	City State Zip Code Cambridge MA 02138	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Romney for President Occupation Policy Advisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Albert Wilson		Date of Receipt MM / DD / YYYY 01 / 20 / 2009
Mailing Address 29 Concord Court		<b>Transaction ID:</b> 90123.C172248
City Bedford	State MA	Zip Code 01730
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Spaulding and Slye Collins	Occupation Real Estate Development	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

**B.**

Full Name (Last, First, Middle Initial) George Young		Date of Receipt MM / DD / YYYY 01 / 14 / 2009
Mailing Address 235 Walker St. Apt 252		<b>Transaction ID:</b> 90123.C172212
City Lenox	State MA	Zip Code 01240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	725.00
<b>TOTAL</b> This Period (last page this line number only) .....	79730.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90213.E10986 Date of Disbursement 01 / 05 / 2009
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 5262.00
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Direct Mail and Telemarketing - party related non FEA	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) ▼
		DIRECT MAIL AND TELEMARKETING - PARTY RELATED NON FEA

B.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90213.E10985 Date of Disbursement 01 / 05 / 2009
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 1680.00
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Direct Mail and Telemarketing - party related non FEA	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) ▼
		DIRECT MAIL AND TELEMARKETING - PARTY RELATED NON FEA

C.	Full Name (Last, First, Middle Initial) Scr & Associates, LLC	Transaction ID: 90213.E10969 Date of Disbursement 01 / 08 / 2009
	Mailing Address 4 Leblanc Dr	Amount of Each Disbursement this Period 5000.00
	City Danvers State MA Zip Code 01923-	
	Purpose of Disbursement Fundraising Consultant Fee - party related non FEA	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) ▼
		FUNDRAISING CONSULTANT FEE - PARTY RELATED NON FEA

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11942.00
<b>TOTAL</b> 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 21 / 42

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address PO Box 2971</p> <p>City Omaha State NE Zip Code 68103-</p> <p>Purpose of Disbursement Cell Phone</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><b>Transaction ID:</b> 90213.E10976</p> <p>Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 292.78</p> <p>CELL PHONE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts</p> <p>Mailing Address Landmark Center 401 Park Drive</p> <p>City Boston State MA Zip Code 02215-</p> <p>Purpose of Disbursement Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90213.E10995</p> <p>Date of Disbursement 01 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 3163.44</p> <p>HEALTH INSURANCE</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Cambridge Offset Printing</p> <p>Mailing Address 56 Creighton Street</p> <p>City Cambridge State MA Zip Code 02140-</p> <p>Purpose of Disbursement Business Cards</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><b>Transaction ID:</b> 90213.E10971</p> <p>Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 110.25</p> <p>BUSINESS CARDS</p>

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

3566.47

**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) Cambridge Offset Printing	Transaction ID: 90213.E10996 Date of Disbursement 01 / 16 / 2009
	Mailing Address 56 Creighton Street	Amount of Each Disbursement this Period 131.25
	City Cambridge State MA Zip Code 02140- Purpose of Disbursement Paper Supplies 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) ▼	PAPER SUPPLIES

B.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 90213.E10970 Date of Disbursement 01 / 08 / 2009
	Mailing Address 39 Old Colony Ave.	Amount of Each Disbursement this Period 329.00
	City Boston State MA Zip Code 02127- Purpose of Disbursement Storage 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) ▼	STORAGE

C.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90213.E11000 Date of Disbursement 01 / 16 / 2009
	Mailing Address PO Box 371461	Amount of Each Disbursement this Period 139.03
	City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement Express Mail 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) ▼	EXPRESS MAIL

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

599.28

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 23 / 42

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	<b>Transaction ID:</b> 90213.E11017 Date of Disbursement 01 / 27 / 2009	
	Mailing Address PO Box 371461		
	City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period	97.74
	Purpose of Disbursement Express Mail 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) ▼	EXPRESS MAIL
<b>B.</b>	Full Name (Last, First, Middle Initial) Guardian Guardian	<b>Transaction ID:</b> 90213.E10989 Date of Disbursement 01 / 01 / 2009	
	Mailing Address Boston Group Office 1 Liberty Square		
	City Boston State MA Zip Code 02109-	Amount of Each Disbursement this Period	499.75
	Purpose of Disbursement Dental Insurance 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) ▼	DENTAL INSURANCE
<b>C.</b>	Full Name (Last, First, Middle Initial) Lyndsay Jones	<b>Transaction ID:</b> 90213.E10983 Date of Disbursement 01 / 07 / 2009	
	Mailing Address 16 Oval Road		
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period	59.00
	Purpose of Disbursement Reimbursement for parking food and travel Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>656.49</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones</p> <p>Mailing Address 16 Oval Road</p> <p>City Quincy State MA Zip Code 02170-</p> <p>Purpose of Disbursement Reimbursement for parking food and 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><b>Transaction ID:</b> 90213.E11020 <b>Date of Disbursement</b> 01 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 153.34</p> <p>REIMBURSEMENT FOR PARKING FOOD AND TRAVEL</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brett Kasper</p> <p>Mailing Address 43 Eastern Ave. Apt. 3</p> <p>City Lynn State MA Zip Code 01902-</p> <p>Purpose of Disbursement Accounting Services</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><b>Transaction ID:</b> 90213.E10984 <b>Date of Disbursement</b> 01 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>ACCOUNTING SERVICES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brett Kasper</p> <p>Mailing Address 43 Eastern Ave. Apt. 3</p> <p>City Lynn State MA Zip Code 01902-</p> <p>Purpose of Disbursement Accounting Services</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><b>Transaction ID:</b> 90213.E10999 <b>Date of Disbursement</b> 01 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>ACCOUNTING SERVICES</p>

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

953.34

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

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

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Detailed Summary Page

FOR LINE NUMBER:  
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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) Brett Kasper	Transaction ID: 90213.E11018 Date of Disbursement 01 / 27 / 2009
	Mailing Address 43 Eastern Ave. Apt. 3	
	City Lynn State MA Zip Code 01902-	Amount of Each Disbursement this Period 51.45
	Purpose of Disbursement Reimbursement for travel	REIMBURSEMENT FOR TRAVEL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 90213.E11012 Date of Disbursement 01 / 31 / 2009
	Mailing Address 43 Eastern Ave. Apt. 3	
	City Lynn State MA Zip Code 01902-	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Accounting Services	ACCOUNTING SERVICES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 90213.E10974 Date of Disbursement 01 / 08 / 2009
	Mailing Address 187 Lewis Rd.	
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 47.40
	Purpose of Disbursement Reimbursement for parking	REIMBURSEMENT FOR PARKING
	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) ..... ▶

498.85

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

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ITEMIZED DISBURSEMENTS**

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<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Barney Keller</p> <p>Mailing Address 187 Lewis Rd.</p> <p>City Belmont State MA Zip Code 02478-</p> <p>Purpose of Disbursement Reimbursement for phone</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><b>Transaction ID:</b> 90213.E11009</p> <p>Date of Disbursement 01 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 116.48</p> <p>REIMBURSEMENT FOR PHONE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Barney Keller</p> <p>Mailing Address 187 Lewis Rd.</p> <p>City Belmont State MA Zip Code 02478-</p> <p>Purpose of Disbursement Reimbursement for phone and 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><b>Transaction ID:</b> 90213.E11021</p> <p>Date of Disbursement 01 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 151.56</p> <p>REIMBURSEMENT FOR PHONE AND TRAVEL</p>
<p><b>C.</b></p> <p>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 Equipment Lease</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><b>Transaction ID:</b> 90213.E10975</p> <p>Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 852.61</p> <p>COPIER EQUIPMENT LEASE</p>

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

1120.65

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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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

<b>A.</b>	Full Name (Last, First, Middle Initial) Konica Minolta Business Systems  Mailing Address P.O. Box 7247-0322  City Philadelphia State PA Zip Code 19170-0322 Purpose of Disbursement Copier Equipment Lease 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>Transaction ID:</b> 90213.E10993 Date of Disbursement 01 / 16 / 2009	Amount of Each Disbursement this Period 722.93  COPIER EQUIPMENT LEASE
<b>B.</b>	Full Name (Last, First, Middle Initial) Ox-Eye Properties  Mailing Address c/o Massey & Co. 85 Merrimac Street  City Boston State MA Zip Code 02114- Purpose of Disbursement Rent and Utilities Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90213.E11004 Date of Disbursement 01 / 16 / 2009	Amount of Each Disbursement this Period 4459.39  RENT AND UTILITIES
<b>C.</b>	Full Name (Last, First, Middle Initial) Paychex/InterPay  Mailing Address PO Box 8295  City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll - 401k 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>Transaction ID:</b> 90213.E10982 Date of Disbursement 01 / 08 / 2009	Amount of Each Disbursement this Period 1153.85  PAYROLL - 401K

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

6336.17

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Tax 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: 90213.E10981 Date of Disbursement 01 / 08 / 2009 Amount of Each Disbursement this Period 1937.25 Category/Type PAYROLL TAX
	Category/Type	PAYROLL TAX

<b>B.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll 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: 90213.E11024 Date of Disbursement 01 / 12 / 2009 Amount of Each Disbursement this Period 126.88 Category/Type PAYROLL FEE
	Category/Type	PAYROLL FEE

<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll 401k 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: 90213.E11022 Date of Disbursement 01 / 16 / 2009 Amount of Each Disbursement this Period 160.00 Category/Type PAYROLL 401K
	Category/Type	PAYROLL 401K

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2224.13
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

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

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90217.E11031 Date of Disbursement 01 / 22 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 2307.69
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll 401k	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) ▼
		PAYROLL 401K

B.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90217.E11030 Date of Disbursement 01 / 22 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 2712.61
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll Tax	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) ▼
		PAYROLL TAX

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90217.E11029 Date of Disbursement 01 / 30 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 7.62
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL FEE

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

5027.92

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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) Jody's Quik Print	Transaction ID: 90213.E10972 Date of Disbursement 01 / 08 / 2009
	Mailing Address P.O. Box 1068	Amount of Each Disbursement this Period 654.00
	City Middleton State MA Zip Code 01949- Purpose of Disbursement Invitations for event 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) ▼	INVITATIONS FOR EVENT

B.	Full Name (Last, First, Middle Initial) Jody's Quik Print	Transaction ID: 90213.E11010 Date of Disbursement 01 / 16 / 2009
	Mailing Address P.O. Box 1068	Amount of Each Disbursement this Period 755.85
	City Middleton State MA Zip Code 01949- Purpose of Disbursement Envelopes 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) ▼	ENVELOPES

C.	Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 90213.E10994 Date of Disbursement 01 / 16 / 2009
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 426.58
	City Des Moines State IA Zip Code 50368-9020 Purpose of Disbursement Office Supplies 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) ▼	OFFICE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1836.43
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

A.	Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 90213.E11014 Date of Disbursement 01 / 27 / 2009
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 99.22
	City Des Moines	State IA
	Zip Code 50368-9020	Category/ Type
	Purpose of Disbursement Office Supplies	OFFICE SUPPLIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Taj Boston	Transaction ID: 90213.E10987 Date of Disbursement 01 / 07 / 2009
	Mailing Address 15 Arlington St.	Amount of Each Disbursement this Period 269.53
	City Boston	State MA
	Zip Code 02116-	Category/ Type
	Purpose of Disbursement catering for party related fundraising - Non FEA	CATERING FOR PARTY RELATED FUNDRAISING - NON FEA
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 90213.E11011 Date of Disbursement 01 / 16 / 2009
	Mailing Address 1 Stony Brook Road	Amount of Each Disbursement this Period 138.00
	City Chelmsford	State MA
	Zip Code 01863-	Category/ Type
	Purpose of Disbursement Reimbursement for parking	REIMBURSEMENT FOR PARKING
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	506.75
<b>TOTAL</b> This Period (last page this line number only) .....	

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ITEMIZED DISBURSEMENTS**

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<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) Peter Torkildsen	Transaction ID: 90213.E11005 Date of Disbursement MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 1 Stony Brook Road	Amount of Each Disbursement this Period 1614.00
	City Chelmsford State MA Zip Code 01863-	
	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

B.	Full Name (Last, First, Middle Initial) Simard Printing	Transaction ID: 90213.E11006 Date of Disbursement MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 300 Salem Street	Amount of Each Disbursement this Period 1614.00
	City Woburn State MA Zip Code 01801-	
	Purpose of Disbursement P. Torkildsen reimbursement for party related banners	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: P. TORKILDSEN REIMBURSEMENT FOR PARTY RELATED BANNERS

C.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 90213.E11007 Date of Disbursement MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 1 Stony Brook Road	Amount of Each Disbursement this Period 820.00
	City Chelmsford State MA Zip Code 01863-	
	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2434.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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<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) JFK/New Chardon Stre Postmaster-	Transaction ID: 90213.E11008 Date of Disbursement MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 25 New Chardon Street	Amount of Each Disbursement this Period 820.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement P. Torkildsen reimbursement for postage stamps	[MEMO ITEM] MEMO: P. TORKILDSEN REIMBURSEMENT FOR POSTAGE STAMPS
	Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 90213.C172400IK Date of Disbursement MM / DD / YYYY 01 / 27 / 2009
	Mailing Address 1 Stony Brook Road	Amount of Each Disbursement this Period 1325.00
	City Chelmsford State MA Zip Code 01863-	
	Purpose of Disbursement In-kind donation of office furniture	IN KIND: IN-KIND DONATION OF OFFICE FURNITURE
	Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 90213.E11013 Date of Disbursement MM / DD / YYYY 01 / 27 / 2009
	Mailing Address P.O. Box 1	Amount of Each Disbursement this Period 396.45
	City Worcester State MA Zip Code 01654-	
	Purpose of Disbursement Phone Service	PHONE SERVICE
	Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

1721.45

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 42

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

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

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City Reading State MA Zip Code 01867-

Purpose of Disbursement  
Reimbursement for parking and travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90213.E11019

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

171.80

REIMBURSEMENT FOR PARKING  
AND TRAVEL

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

171.80

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

39595.73

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 42

<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: 90213.E10973 Date of Disbursement 01 / 08 / 2009
	Mailing Address 101 Elm St	Amount of Each Disbursement this Period 1000.00
	City Wakefield State MA Zip Code 01880-	
	Purpose of Disbursement Administrative Assistance 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) ▼
		ADMINISTRATIVE ASSISTANCE

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 90213.E10978 Date of Disbursement 01 / 08 / 2009
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1265.85
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 90213.E10990 Date of Disbursement 01 / 22 / 2009
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1298.70
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3564.55</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 42

<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) Barney Keller	Transaction ID: 90213.E10979
	Mailing Address 187 Lewis Rd.	Date of Disbursement 01 / 08 / 2009
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 1288.42
	Purpose of Disbursement Payroll	PAYROLL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 90213.E10991
	Mailing Address 187 Lewis Rd.	Date of Disbursement 01 / 22 / 2009
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 1288.42
	Purpose of Disbursement Payroll	PAYROLL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Communication, Inc. Majority	Transaction ID: 90213.E11003
	Mailing Address 274 Marconi Blvd. Suite 260	Date of Disbursement 01 / 16 / 2009
	City Columbus State OH Zip Code 43215-	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Payment of Debt for FEA Get Out the Vote Mailing	PAYMENT OF DEBT FOR FEA GET OUT THE VOTE MAILING
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3576.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

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

Transaction ID: 90213.E10980  
Date of Disbursement

Mailing Address 1 Stony Brook Road

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

City Chelmsford State MA Zip Code 01863-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

807.36
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

PAYROLL

State: District:

B.

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

Transaction ID: 90213.E10992  
Date of Disbursement

Mailing Address 1 Stony Brook Road

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

City Chelmsford State MA Zip Code 01863-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

1469.88
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

PAYROLL

State: District:

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

2277.24
---------

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

9418.63
---------

**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

<b>A.</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 6980.45	<b>Transaction ID:</b> LS90508.E11247	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6980.45

<b>B.</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 3282.16	<b>Transaction ID:</b> LS90513.E11259	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3282.16

<b>C.</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 880.53	<b>Transaction ID:</b> LS90513.E11260	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 880.53

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	11143.14
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> 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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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: LS90513.E11261	
219.34			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	219.34	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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: LS90513.E11262	
5416.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5416.25	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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: LS90513.E11263	
32.49			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	32.49	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	5668.08
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> 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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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		<b>Transaction ID:</b> LS90513.E11264	
3395.83			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3395.83	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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		<b>Transaction ID:</b> LS90513.E11265	
328.84			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	328.84	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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		<b>Transaction ID:</b> LS90513.E11266	
803.20			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	803.20	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	4527.87
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> 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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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 <input type="text" value="250.00"/>		<b>Transaction ID:</b> LS90513.E11275	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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 <input type="text" value="250.00"/>		<b>Transaction ID:</b> LS90513.E11276	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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 <input type="text" value="1250.00"/>		<b>Transaction ID:</b> LS90513.E11277	
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="1250.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1750.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> 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

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

Outstanding Balance Beginning This Period	<b>Transaction ID:</b> LS90513.E11291	
1652.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1652.00

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

Outstanding Balance Beginning This Period	<b>Transaction ID:</b> LS90513.E11292	
1636.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1636.00

<b>C.</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 State ZIP Code Columbus OH 43215-	

Outstanding Balance Beginning This Period	<b>Transaction ID:</b> LS90213.E11003	
3000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1000.00	2000.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>5288.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	<b>28377.09</b>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>0.00</b>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<b>28377.09</b>