

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 07 31 2008

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 08 15 2008

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | 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>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 16629.38 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 27900.56 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 74775.01 | 570729.68 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 102675.57 | 587359.06 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 50736.03 | 535419.52 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 51939.54 | 51939.54 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 60540.00 | 425925.00 |
| (i) Itemized (use Schedule A) | 9235.01 | 122238.51 |
| (ii) Unitemized | 69775.01 | 548163.51 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 5000.00 | 20565.00 |
| (c) Other Political Committees (such as PACs) | 74775.01 | 568728.51 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 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 | 2001.17 |
| 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)) | 74775.01 | 570729.68 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 74775.01 | 570729.68 |

DETAILED SUMMARY PAGE

of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 39640.45 | 449331.61 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 39640.45 | 449331.61 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 15000.00 |
| 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..... | 275.00 | 275.00 |
| (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))..... | 275.00 | 275.00 |
| 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..... | 10820.58 | 70812.91 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 10820.58 | 70812.91 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 50736.03 | 535419.52 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 50736.03 | 535419.52 |

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 | 74775.01 | 568728.51 |
| 34. Total Contribution Refunds (from Line 28(d)) | 275.00 | 275.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 74500.01 | 568453.51 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 39640.45 | 449331.61 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 2001.17 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 39640.45 | 447330.44 |

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

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

FOR LINE NUMBER: PAGE 6 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Lawrence Bolick

Mailing Address 29 Farm Hill Road

City Natick State MA Zip Code 01760-5552

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

Name of Employer Aquent, LLC Occupation CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 29 / 2008

Transaction ID: 80815.C170505

Amount of Each Receipt this Period 100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jeanne Boynton

Mailing Address 178 Madison Ave.

City Holyoke State MA Zip Code 01040

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

Name of Employer Self Employed Occupation Realtor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 07 / 23 / 2008

Transaction ID: 80815.C170464

Amount of Each Receipt this Period 30.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jeffrey Brudnick

Mailing Address 300 Puritan Rd.

City Swampscott State MA Zip Code 01907

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

Name of Employer Louis Brudnick & Sons Occupation Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 08 / 2008

Transaction ID: 80714.C170285

Amount of Each Receipt this Period 100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 230.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 60
(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)
Roberta Brundrett

Mailing Address 112 Sherman Ave.

City State Zip Code
Chicopee MA 01013

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Brundrett & Moutinho Law Firm Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2008
Transaction ID: 80815.C170425
Amount of Each Receipt this Period 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Douglas Butler

Mailing Address 30 Julio Dr.
Apt. 245

City State Zip Code
Shrewsbury MA 01545

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 ▼ 250.00

Date of Receipt 07 / 02 / 2008
Transaction ID: 80714.C170173
Amount of Each Receipt this Period 150.00
Receipt

C. Full Name (Last, First, Middle Initial)
Samuel Cabot

Mailing Address 103 Hart Street

City State Zip Code
Beverly MA 01915

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 28 / 2008
Transaction ID: 80815.C170497
Amount of Each Receipt this Period 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) 550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 60
(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)
Malinda R. Candora

Mailing Address 239 Lisa Drive

City State Zip Code
Brockton MA 02302

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 ▼ 300.00

Date of Receipt 07 / 02 / 2008
Transaction ID: 80714.C170176
Amount of Each Receipt this Period 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Francesco Capone

Mailing Address 73 Forest St.

City State Zip Code
Medford MA 02155

FEC ID number of contributing federal political committee. C

Name of Employer Unemployed Occupation Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 15 / 2008
Transaction ID: 80715.C170372
Amount of Each Receipt this Period 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Robert Carter

Mailing Address 183 Hayward Mill Road

City State Zip Code
Concord MA 01742

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2008
Transaction ID: 80715.C170354
Amount of Each Receipt this Period 50.00
Receipt

SUBTOTAL of Receipts This Page (optional) 650.00

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 / 60
(check only one)

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

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

A.

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

Mailing Address 6 Hancock Road

City State Zip Code
Wakefield MA 01880-1720

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

Name of Employer Occupation
Cerrentani Realty Associates Businessman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2008

Transaction ID: 80715.C170364

Amount of Each Receipt this Period
100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Richard Baker Committee to elect

Mailing Address 288 Middle St

City State Zip Code
West Newbury MA 01985

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

Name of Employer Occupation
FEC ID # C00450023 Candidate Committee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2008

Transaction ID: 80715.C170368

Amount of Each Receipt this Period
65.00

Receipt

C.

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

Mailing Address 8 FLower Hill Lane
PO Box 532

City State Zip Code
Marshfield Hills MA 02051

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

Name of Employer Occupation
Cook and Company Business owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2008

Transaction ID: 80815.C170428

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5165.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 60

(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)
Laura Creodon

Mailing Address 33 Egmont St.
Apt. 3

City State Zip Code
Brookline MA 02446

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 ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
07 / 17 / 2008

Transaction ID: 80815.C170408

Amount of Each Receipt this Period 300.00

Receipt

B.

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

Mailing Address 11 Overlook Ridge Dr.
Apt. 36

City State Zip Code
Revere MA 02151

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 ▼ 320.00

Date of Receipt M M / D D / Y Y Y Y
07 / 02 / 2008

Transaction ID: 80714.C170255

Amount of Each Receipt this Period 300.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Matthew A. Davidson

Mailing Address 620 Michigan Avenue
Physics Dept.

City State Zip Code
Washington DC 20064

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 ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
07 / 02 / 2008

Transaction ID: 80714.C170177

Amount of Each Receipt this Period 300.00

Receipt

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 60
(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) John Davis | | Date of Receipt MM / DD / YYYY 07 / 30 / 2008 |
| Mailing Address 101 Woodsley Road | | Transaction ID: 80815.C170513 |
| City Longmeadow | State MA | Zip Code 01106 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10000.00 |
| Name of Employer Ventry Industries | Occupation CEO | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Peter Dulchinos | | Date of Receipt MM / DD / YYYY 07 / 14 / 2008 |
| Mailing Address 17 Spaulding Rd. | | Transaction ID: 80715.C170347 |
| City Chelmsford | State MA | Zip Code 01824 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.00 |
| 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 ▼ 255.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Robert Dumont | | Date of Receipt MM / DD / YYYY 07 / 28 / 2008 |
| Mailing Address 7 Great Pond Way | | Transaction ID: 80815.C170482 |
| City Sterling | State MA | Zip Code 01564 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| 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 ▼ 290.00 | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 10070.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 60
(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 Fish

Mailing Address 18 Cooper Rd.

City Mansfield State MA Zip Code 02048

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

Name of Employer Barrow Industries Occupation Vice President Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 15 / 2008
Transaction ID: 80715.C170370
 Amount of Each Receipt this Period 600.00
 Receipt

B.

Full Name (Last, First, Middle Initial)
Mary Fraboni

Mailing Address 3240 Phelps Rd

City West Suffield State CT Zip Code 06093

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

Name of Employer Lin Corporation Occupation writer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 15 / 2008
Transaction ID: 80715.C170373
 Amount of Each Receipt this Period 300.00
 Receipt

C.

Full Name (Last, First, Middle Initial)
Kathleen Galvin

Mailing Address 90 Concord Rd.

City Westford State MA Zip Code 01886

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 ▼ 300.00

Date of Receipt 07 / 17 / 2008
Transaction ID: 80815.C170417
 Amount of Each Receipt this Period 300.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 60
(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)
Sarah Garland

Mailing Address 12 Winthrop Place

City State Zip Code
Medford MA 02155

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2008

Transaction ID: 80715.C170374

Amount of Each Receipt this Period
300.00

Receipt

B.

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

Mailing Address 224 Converse Rd.
DO NOT MAIL

City State Zip Code
Marion MA 02738

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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2008

Transaction ID: 80815.C170508

Amount of Each Receipt this Period
100.00

Receipt

C.

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

Mailing Address 34 Chipper Hill Road

City State Zip Code
Northbridge MA 01534

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

Name of Employer Self Employed Occupation Home Restoration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2008

Transaction ID: 80714.C170329

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 / 60
(check only one)

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

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

A.

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

Mailing Address 95 Shrine Rd.

City Norwell State MA Zip Code 02061

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

Name of Employer GIC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2008

Transaction ID: 80714.C170165

Amount of Each Receipt this Period 500.00

Receipt

B.

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

Mailing Address 25 Stanford Rd.

City Wellesley State MA Zip Code 02481

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

Name of Employer Commonwealth of Massachusetts Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 15 / 2008

Transaction ID: 80715.C170367

Amount of Each Receipt this Period 300.00

Receipt

C.

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

Mailing Address 21 Temple Dr.

City Groton State MA Zip Code 01450

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

Name of Employer Commonwealth of Massachusetts Occupation State Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 02 / 2008

Transaction ID: 80714.C170158

Amount of Each Receipt this Period 600.00

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 / 60
(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)
Robert Hargraves

Mailing Address 21 Temple Dr.

City Groton State MA Zip Code 01450

FEC ID number of contributing federal political committee. C

Name of Employer Commonwealth of Massachusetts Occupation State Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt 07 / 23 / 2008
Transaction ID: 80815.C170456
Amount of Each Receipt this Period 60.00
Receipt

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

Mailing Address 26 Bourne Hay Rd.
DO NOT CALL

City Sandwich State MA Zip Code 02563

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 ▼ 350.00

Date of Receipt 07 / 08 / 2008
Transaction ID: 80714.C170314
Amount of Each Receipt this Period 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Kerry Healey

Mailing Address DO NOT MAIL
DO NOT MAIL

City Boston State MA Zip Code 11111

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 ▼ 300.00

Date of Receipt 07 / 02 / 2008
Transaction ID: 80714.C170252
Amount of Each Receipt this Period 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) 660.00

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 / 60
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Robert Hedlund

Mailing Address 54 Longwood Rd.
DO NOT MAIL

City Weymouth State MA Zip Code 02188

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

Name of Employer Commonwealth of Massachusetts Occupation State Senator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 24 / 2008
Transaction ID: 80815.C170475
Amount of Each Receipt this Period 300.00
Receipt

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

Mailing Address 69 Aberdeen Road

City Weston State MA Zip Code 02493

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

Name of Employer AAI Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 23 / 2008
Transaction ID: 80815.C170455
Amount of Each Receipt this Period 200.00
Receipt

C. Full Name (Last, First, Middle Initial)
William Higgins

Mailing Address 35 Pleasant Street

City Northborough State MA Zip Code 01532

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 ▼ 655.00

Date of Receipt 07 / 14 / 2008
Transaction ID: 80715.C170346
Amount of Each Receipt this Period 600.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 60
(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)
Thomas Hodgson

Mailing Address 158 Hathaway Road

City State Zip Code
North Dartmouth MA 02747

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

Name of Employer Occupation
Bristol County Sherriff Office Sheriff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 80714.C170313

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Janes

Mailing Address 4 Longfellow Place Suite 3105

City State Zip Code
Boston MA 02114

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2008

Transaction ID: 80714.C170244

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 70 Landfall

City State Zip Code
Falmouth MA 02540

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2008

Transaction ID: 80715.C170350

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 60
(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>A. Full Name (Last, First, Middle Initial) Edward Johnson</p> <p>Mailing Address 56 North St</p> <p>City State Zip Code Grafton MA 01519</p> <p>FEC ID number of contributing federal political committee. C</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) ▼ 750.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2008</p> <p>Transaction ID: 80815.C170516</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt</p> |
|---|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Bradley Jones</p> <p>Mailing Address 249 Park Street</p> <p>City State Zip Code North Reading MA 01864</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Commonwealth of Massachusetts Occupation State Representative</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 07 / 08 / 2008</p> <p>Transaction ID: 80714.C170316</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Receipt</p> |
|---|--|

| | |
|--|--|
| <p>C. Full Name (Last, First, Middle Initial) Kevin Jourdain</p> <p>Mailing Address 357 Jarvis Ave. PO Box 10383</p> <p>City State Zip Code Holyoke MA 01040</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2008</p> <p>Transaction ID: 80714.C170160</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Receipt</p> |
|--|--|

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | 850.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 60
(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)
Michael Kane

Mailing Address 162 Pond Street

City Ashland State MA Zip Code 01721

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

Name of Employer Self Employed Occupation Builder

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 07 / 14 / 2008

Transaction ID: 80715.C170362

Amount of Each Receipt this Period 30.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Kathleen Kane Leach

Mailing Address 14 Springdale Ave

City Wellesley State MA Zip Code 02481

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 29 / 2008

Transaction ID: 80815.C170500

Amount of Each Receipt this Period 200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Patrick Lee

Mailing Address 28 Tall Pines Rd.

City Plymouth State MA Zip Code 02360

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 ▼ 400.00

Date of Receipt 07 / 17 / 2008

Transaction ID: 80815.C170427

Amount of Each Receipt this Period 300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **530.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 60
(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)
Steven Levy

Mailing Address 61 OGrady Road

City Marlborough State MA Zip Code 01752

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

Name of Employer Self Employed Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 07 / 23 / 2008
Transaction ID: 80815.C170458
Amount of Each Receipt this Period 75.00
Receipt

B. Full Name (Last, First, Middle Initial)
Emily Lilly

Mailing Address 132 Middle Street

City Hadley State MA Zip Code 01035

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

Name of Employer None Occupation At home

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 02 / 2008
Transaction ID: 80714.C170159
Amount of Each Receipt this Period 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Bart Littlefield

Mailing Address 3 Crowell Farm Road

City Concord State MA Zip Code 01742

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

Name of Employer First Choice Student Travel Occupation Travel Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 14 / 2008
Transaction ID: 80715.C170360
Amount of Each Receipt this Period 150.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 525.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 60
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <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)
Matthew Marchese

Mailing Address 111 Main St.

City State Zip Code
Shelburne MA 01370

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Transaction ID: 80815.C170429

Amount of Each Receipt this Period
300.00

Receipt

B.

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 Information Requested Occupation Information Requested
Astrazeneca R&D Boston Research Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2008

Transaction ID: 80714.C170336

Amount of Each Receipt this Period
60.00

Receipt

C.

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

Mailing Address 56 Lanewood Ave.

City State Zip Code
Framingham MA 01701

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

Name of Employer Information Requested Occupation Information Requested
Burns & Farrey Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 80815.C170450

Amount of Each Receipt this Period
70.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **430.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 60

(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)

Arthur McGuire

Mailing Address Box 461

City State Zip Code
East Longmeadow MA 01028

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

Name of Employer Occupation
Retired Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2008

Transaction ID: 80714.C170315

Amount of Each Receipt this Period

300.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Andrews McLane

Mailing Address 77 Dean Rd.

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
TA Associates Investment Manager

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2008

Transaction ID: 80815.C170514

Amount of Each Receipt this Period

10000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

James McManus

Mailing Address 88 Chestnut St

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
James McManus Commercial Real Estate

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2008

Transaction ID: 80714.C170167

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

10550.00

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 23 / 60
(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)
Edward Michaud

Mailing Address 12 Highland St.

City State Zip Code
Weston MA 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 ▼ 1130.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2008

Transaction ID: 80815.C170453

Amount of Each Receipt this Period
30.00

Receipt

B.

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

Mailing Address 57 Las Casas St., #2

City State Zip Code
Malden MA 02148

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

Name of Employer The Dutko Group Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2008

Transaction ID: 80815.C170477

Amount of Each Receipt this Period
500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Tom Moor

Mailing Address 2 Breed Terrace

City State Zip Code
Dedham MA 02026

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2008

Transaction ID: 80714.C170256

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **830.00**

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 24 / 60
(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)
W. Hugh Morton

Mailing Address 1480 Drift Road

City State Zip Code
Westport MA 02790

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

Name of Employer Occupation
Morton Law Office Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2008

Transaction ID: 80714.C170175

Amount of Each Receipt this Period
500.00

Receipt

B.

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

Mailing Address 59 Booth Road

City State Zip Code
Methuen MA 01844

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2008

Transaction ID: 80714.C170162

Amount of Each Receipt this Period
300.00

Receipt

C.

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

Mailing Address 7 Carriage Hill Lane

City State Zip Code
Hudson MA 01749

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

Name of Employer Occupation
RSA Security Software Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2008

Transaction ID: 80815.C170486

Amount of Each Receipt this Period
65.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **865.00**

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 25 / 60
(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)
Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City State Zip Code
Boston MA 02129

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

Name of Employer Consigli & Brucato Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
07 / 15 / 2008

Transaction ID: 80715.C170371

Amount of Each Receipt this Period 300.00

Receipt

B.

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

Mailing Address 941 Humphrey St.

City State Zip Code
Swampscott MA 01907

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

Name of Employer MBTA Occupation Foreman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
07 / 17 / 2008

Transaction ID: 80815.C170382

Amount of Each Receipt this Period 100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Warren Norquist

Mailing Address 89 Bradford Rd

City State Zip Code
Weston MA 02493

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

Name of Employer Norquist Associates Occupation Writing & Speaking

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 80714.C170272

Amount of Each Receipt this Period 500.00

Receipt

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 60
(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)
Winford Nowell

Mailing Address 8 Rollins St.

City State Zip Code
Groveland MA 01834

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2008

Transaction ID: 80714.C170157

Amount of Each Receipt this Period
100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Jeffrey Perry

Mailing Address 7 Burning Tree Lane

City State Zip Code
Sandwich MA 02563

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

Name of Employer Commonwealth of Massachusetts Occupation State Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2008

Transaction ID: 80714.C170178

Amount of Each Receipt this Period
300.00

Receipt

C.

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 Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2008

Transaction ID: 80714.C170283

Amount of Each Receipt this Period
200.00

Receipt

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 60 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Richard Phillips | Date of Receipt MM / DD / YYYY 07 / 02 / 2008 |
| | Mailing Address 15 Star of the Sea Dr. | Transaction ID: 80714.C170166 |
| | City State Zip Code Dartmouth MA 02748-1273 | Amount of Each Receipt this Period 225.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Information Requested Occupation Unknown 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) Laurence Pierce | Date of Receipt MM / DD / YYYY 07 / 14 / 2008 |
| | Mailing Address 25 Circle Street | Transaction ID: 80715.C170339 |
| | City State Zip Code Marblehead MA 01945 | Amount of Each Receipt this Period 250.00 |
| | 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 ▼ 250.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Elizabeth Poirier | Date of Receipt MM / DD / YYYY 07 / 17 / 2008 |
| | Mailing Address 53 Ledgebrook Drive | Transaction ID: 80815.C170423 |
| | City State Zip Code North Attleboro MA 02760 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Commonwealth of Massachusetts Occupation State Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 775.00 |
| 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 28 / 60
(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)
Elizabeth Poirier

Mailing Address 53 Ledgebrook Drive

City State Zip Code
North Attleboro MA 02760

FEC ID number of contributing federal political committee. C

Name of Employer Commonwealth of Massachusetts
Occupation State Representative

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt M M / D D / Y Y Y Y
07 / 17 / 2008

Transaction ID: 80815.C170424

Amount of Each Receipt this Period 300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Harold Pratt

Mailing Address 1010 Memorial Drive #9A

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing federal political committee. C

Name of Employer Nichols & Pratt
Occupation Private Trustee

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

Date of Receipt M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: 80714.C170271

Amount of Each Receipt this Period 250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Garrett Quinn

Mailing Address 43 Rogers Street Apt. 2

City State Zip Code
Boston MA 02127

FEC ID number of contributing federal political committee. C

Name of Employer Trident Environmental Group, L
Occupation Health & Safety Officer

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

Date of Receipt M M / D D / Y Y Y Y
07 / 17 / 2008

Transaction ID: 80815.C170377

Amount of Each Receipt this Period 50.00

Receipt

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 60
(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)
Laura Reynolds

Mailing Address 153 Garfield Road

City State Zip Code
Concord MA 01742

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

Name of Employer Information Requested Occupation
Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2008

Transaction ID: 80714.C170328

Amount of Each Receipt this Period
5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Jacqueline Ross

Mailing Address 19 Hawk Hill Lane

City State Zip Code
Ipswich MA 01938

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 80714.C170317

Amount of Each Receipt this Period
300.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Alfred Rossow

Mailing Address 25 Epping Way

City State Zip Code
Marshfield MA 02050

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

Name of Employer Tully & Holland, Inc. Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2530.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 80815.C170462

Amount of Each Receipt this Period
30.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **5330.00**

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 30 / 60 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Jack Roy | Date of Receipt MM / DD / YYYY 07 / 24 / 2008 |
| | Mailing Address 280 Brandy Brow Road DO NOT MAIL | Transaction ID: 80815.C170476 |
| | City Haverhill State MA Zip Code 01830 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer North East Battery Occupation Sales Mgr. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Michael Scully | Date of Receipt MM / DD / YYYY 07 / 02 / 2008 |
| | Mailing Address 65 N. Main Street | Transaction ID: 80714.C170253 |
| | City North Grafton State MA Zip Code 01536-1519 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Self-Employed Occupation Business owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 320.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Carl Selavka | Date of Receipt MM / DD / YYYY 07 / 08 / 2008 |
| | Mailing Address 73 North Maple Street | Transaction ID: 80714.C170273 |
| | City Hadley State MA Zip Code 01035 | 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 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 800.00 |
| 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 31 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Smidt
 Mailing Address 21 Skinners Path
 City State Zip Code
 Marblehead MA 01945
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 08 / 2008
Transaction ID: 80714.C170270
 Amount of Each Receipt this Period
 100.00
 Receipt
 Name of Employer Occupation
 Retired Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

B. Full Name (Last, First, Middle Initial)
Derek Smith
 Mailing Address 2 Bridal Path Lane
 City State Zip Code
 Beverly MA 01915
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 25 / 2008
Transaction ID: 80815.C170478
 Amount of Each Receipt this Period
 1000.00
 Receipt
 Name of Employer Occupation
 Castel, Inc CFO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Robert Spence
 Mailing Address 83 E. Water Street - PO Box C
 City State Zip Code
 Rockland MA 02370
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 08 / 2008
Transaction ID: 80714.C170284
 Amount of Each Receipt this Period
 100.00
 Receipt
 Name of Employer Occupation
 Albert Culver Company Owner
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00
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 32 / 60
(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)
Donald Stacey

Mailing Address 205 Hale St

City State Zip Code
Beverly MA 01915

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) ▼ 600.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 1 | 7 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80815.C170378

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Cynthia Stead

Mailing Address 16 Fairview Ave.

City State Zip Code
Dennis MA 02638

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80714.C170163

Amount of Each Receipt this Period
300.00

Receipt

C. Full Name (Last, First, Middle Initial)
Frances H. Steffian

Mailing Address P.O. Box 395

City State Zip Code
Ashby MA 01431

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 0 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: 80714.C170161

Amount of Each Receipt this Period
600.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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 33 / 60 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Jane Swift | Date of Receipt MM / DD / YYYY 07 / 15 / 2008 |
| | Mailing Address 580 Henderson Rd. | Transaction ID: 80715.C170375 |
| | City State Zip Code Williamstown MA 01267 | Amount of Each Receipt this Period 600.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Arcadia Partners Partner | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Pedro Teixeira | Date of Receipt MM / DD / YYYY 07 / 17 / 2008 |
| | Mailing Address 1 Beaver Ct. | Transaction ID: 80815.C170396 |
| | City State Zip Code Riverside RI 02915 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Information Requested Information Requested | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Peter Torkildsen | Date of Receipt MM / DD / YYYY 07 / 08 / 2008 |
| | Mailing Address 1 Stony Brook Road | Transaction ID: 80714.C170318 |
| | City State Zip Code Chelmsford MA 01863 | Amount of Each Receipt this Period 300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Massachusetts Republican Party Chairman | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1200.00 |
| 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 34 / 60
(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)
Jacques Wajsfelner
Mailing Address 298 Concord Rd.
City Weston State MA Zip Code 02493
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 ▼ 1030.00
Date of Receipt 07 / 09 / 2008
Transaction ID: 80714.C170335
Amount of Each Receipt this Period 30.00
Receipt

B. Full Name (Last, First, Middle Initial)
David Weinstein
Mailing Address 158 Cotton Street
City Newton State MA Zip Code 02458
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 07 / 28 / 2008
Transaction ID: 80815.C170499
Amount of Each Receipt this Period 5000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Walter Weld
Mailing Address 29 Main St.
City Dover State MA Zip Code 02030
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 08 / 2008
Transaction ID: 80714.C170269
Amount of Each Receipt this Period 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 5330.00
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 35 / 60 | |
| | (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"/> 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) Katherine Winter | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 10 Marlborough St. | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | | 0 | 2 | | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 7 | | 0 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | |
| | City | State | Zip Code | | Transaction ID: 80714.C170164 | | | | | | | | | | | | | | | | | | | |
| | Boston | MA | 02116 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | | C | | Amount of Each Receipt this Period | | | | | | | | | | | | | | | | | | | | |
| | | | | 100.00 | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Self Employed | | Occupation Homemaker | | Receipt | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | | | | | | | | | | | | | | | | | | | | | |
| | | 300.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 100.00 |
| TOTAL This Period (last page this line number only) | ▶ | 60540.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 36 / 60 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Pfizer PAC | | Date of Receipt |
| Mailing Address Andy Antrobus 235 East 42nd Street | | <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| City New York | State NY | Zip Code 10017 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00016683"/> | | Transaction ID: 80815.C170509 |
| Name of Employer FEC: C00016683 | | Amount of Each Receipt this Period <input type="text" value="5000.00"/> |
| Occupation PAC | | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="5000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="5000.00"/> |

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Scr & Associates, LLC</p> <p>Mailing Address 4 Leblanc Dr</p> <p>City Danvers State MA Zip Code 01923-</p> <p>Purpose of Disbursement Fundraising Consultant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10594</p> <p>Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>FUNDRAISING CONSULTANT FEE</p> |
| <p>B. Full Name (Last, First, Middle Initial) AlphaGraphics AlphaGraphics</p> <p>Mailing Address 74 Canal Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Poster Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10555</p> <p>Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 428.40</p> <p>POSTER DESIGN</p> |
| <p>C. Full Name (Last, First, Middle Initial) AT&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>Transaction ID: 80815.E10569</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 144.65</p> <p>CELL PHONE</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5573.05

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|--|
| <p>A.</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</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10556</p> <p>Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 3163.44</p> <p>HEALTH INSURANCE</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Lindsey Buchleitner</p> <p>Mailing Address 62 Samoset Ave, Unit 1</p> <p>City Hull State MA Zip Code 02045-</p> <p>Purpose of Disbursement Photography Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10597</p> <p>Date of Disbursement 07 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 427.00</p> <p>PHOTOGRAPHY FEE</p> |
| <p>C.</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 Paper supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10587</p> <p>Date of Disbursement 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 519.75</p> <p>PAPER SUPPLIES</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4110.19

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 60

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Css Castle Self-Storage</p> <p>Mailing Address 39 Old Colony Ave.</p> <p>City Boston State MA Zip Code 02127-</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10557</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="329.00"/></p> <p>STORAGE</p> |
| <p>B. Full Name (Last, First, Middle Initial) DataMarks</p> <p>Mailing Address 37B Averill Street, PO. Box 68</p> <p>City Topsfield State MA Zip Code 01983-</p> <p>Purpose of Disbursement Mail Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10600</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="764.10"/></p> <p>MAIL PROCESSING</p> |
| <p>C. Full Name (Last, First, Middle Initial) DirecTV DirecTV</p> <p>Mailing Address PO Box 60036</p> <p>City Los Angeles State CA Zip Code 90060-0036</p> <p>Purpose of Disbursement Cable Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10558</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="91.95"/></p> <p>CABLE SERVICE</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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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) ElectionMall, Inc. ElectionMall | Transaction ID: 80714.E10525 Date of Disbursement 07 / 01 / 2008 |
| | Mailing Address 1101 Pennsylvania Ave NW - 6th Flo | Amount of Each Disbursement this Period 495.00 |
| | City Washington State DC Zip Code 20004- | |
| | Purpose of Disbursement Website Development 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) ▼ |
| | | WEBSITE DEVELOPMENT |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Federal Express (Fed Ex) | Transaction ID: 80815.E10559 Date of Disbursement 07 / 10 / 2008 |
| | Mailing Address PO Box 371461 | Amount of Each Disbursement this Period 89.04 |
| | 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 |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Federal Express (Fed Ex) | Transaction ID: 80815.E10584 Date of Disbursement 07 / 18 / 2008 |
| | Mailing Address PO Box 371461 | Amount of Each Disbursement this Period 85.86 |
| | 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 |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 669.90 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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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) Federal Express (Fed Ex) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80815.E10599 Date of Disbursement 07 / 30 / 2008 |
| | Amount of Each Disbursement this Period 15.48 Category/Type EXPRESS MAIL |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Garage Government Center Mailing Address 50 New Sudbury Street City Boston State MA Zip Code 02114- Purpose of Disbursement 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) ▼ | Transaction ID: 80815.E10598 Date of Disbursement 07 / 30 / 2008 |
| | Amount of Each Disbursement this Period 1280.00 Category/Type PARKING |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Guardian Guardian Mailing Address Boston Group Office 1 Liberty Square City Boston State MA Zip Code 02109- Purpose of Disbursement Insurance 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: 80815.E10589 Date of Disbursement 07 / 01 / 2008 |
| | Amount of Each Disbursement this Period 467.81 Category/Type INSURANCE |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1763.29 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Bruce Harrison | Transaction ID: 80714.E10524 Date of Disbursement 07 / 01 / 2008 |
| | Mailing Address 101 Elm St | Amount of Each Disbursement this Period 1000.00 |
| | City Wakefield State MA Zip Code 01880- | |
| | Purpose of Disbursement Administrative Services 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 SERVICES |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Bruce Harrison | Transaction ID: 80815.E10567 Date of Disbursement 07 / 15 / 2008 |
| | Mailing Address 101 Elm St | Amount of Each Disbursement this Period 12.05 |
| | City Wakefield State MA Zip Code 01880- | |
| | Purpose of Disbursement Reimbursement for repair part 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 REPAIR PART |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Bruce Harrison | Transaction ID: 80815.E10601 Date of Disbursement 07 / 30 / 2008 |
| | Mailing Address 101 Elm St | Amount of Each Disbursement this Period 1000.00 |
| | City Wakefield State MA Zip Code 01880- | |
| | Purpose of Disbursement Administrative Services 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 SERVICES |

| | | |
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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2012.05 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) 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 travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80714.E10527 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 59.00</p> <p>REIMBURSEMENT FOR TRAVEL</p> |
| <p>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 travel and food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10586 Date of Disbursement 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 75.21</p> <p>REIMBURSEMENT FOR PARKING TRAVEL AND FOOD</p> |
| <p>C. Full Name (Last, First, Middle Initial) Brett Kasper</p> <p>Mailing Address 58 Queensberry Street #3</p> <p>City Boston State MA Zip Code 02215-</p> <p>Purpose of Disbursement Reimbursement for Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80714.E10522 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>REIMBURSEMENT FOR POSTAGE</p> |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 154.21 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Brett Kasper | Transaction ID: 80714.E10523 |
| | Mailing Address 58 Queensberry Street #3 | Date of Disbursement MM / DD / YYYY 07 / 01 / 2008 |
| | City Boston State MA Zip Code 02215- | Amount of Each Disbursement this Period 700.00 |
| | Purpose of Disbursement Fundraising Assistance | 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 ASSISTANCE |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Brett Kasper | Transaction ID: 80815.E10566 |
| | Mailing Address 58 Queensberry Street #3 | Date of Disbursement MM / DD / YYYY 07 / 15 / 2008 |
| | City Boston State MA Zip Code 02215- | Amount of Each Disbursement this Period 700.00 |
| | Purpose of Disbursement Fundraising Assistance | 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 ASSISTANCE |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Brett Kasper | Transaction ID: 80815.E10585 |
| | Mailing Address 58 Queensberry Street #3 | Date of Disbursement MM / DD / YYYY 07 / 18 / 2008 |
| | City Boston State MA Zip Code 02215- | Amount of Each Disbursement this Period 11.83 |
| | Purpose of Disbursement Reimbursement for printing supply | 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 FOR PRINTING SUPPLY |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1411.83 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 60

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 80815.E10602 Date of Disbursement 07 / 30 / 2008 |
| | Mailing Address 58 Queensberry Street #3 | |
| | City Boston State MA Zip Code 02215- | Amount of Each Disbursement this Period 600.00 |
| | Purpose of Disbursement Fundraising 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) ▼ |
| | | FUNDRAISING ASSISTANCE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Barney Keller | Transaction ID: 80714.E10540 Date of Disbursement 07 / 01 / 2008 |
| | Mailing Address 187 Lewis Rd. | |
| | City Belmont State MA Zip Code 02478- | Amount of Each Disbursement this Period 210.96 |
| | Purpose of Disbursement Reimbursement - see below Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | REIMBURSEMENT - SEE BELOW |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Sprint/Nextel | Transaction ID: 80714.E10541 Date of Disbursement 07 / 01 / 2008 |
| | Mailing Address PO Box 17990 | |
| | City Denver State CO Zip Code 80217- | Amount of Each Disbursement this Period 0.00 |
| | Purpose of Disbursement B. Keller reimbursement for cell phone calls Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] MEMO: B. KELLER REIMBURSEMENT FOR CELL PHONE CALLS |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 810.96 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) 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 travel and parking</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80714.E10539 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 26.87</p> <p>REIMBURSEMENT FOR TRAVEL AND PARKING</p> |
| <p>B. 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 travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10568 Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 105.85</p> <p>REIMBURSEMENT FOR TRAVEL</p> |
| <p>C. Full Name (Last, First, Middle Initial) Hudson Lodge of Elks</p> <p>Mailing Address P.O. Box 306</p> <p>City Hudson State MA Zip Code 01749-</p> <p>Purpose of Disbursement July BBQ rental fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10564 Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>JULY BBQ RENTAL FEE</p> |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 482.72 |
| 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 47 / 60

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Communication, Inc. Majority | Transaction ID: 80815.E10596 Date of Disbursement |
| | Mailing Address 274 Marconi Blvd. Suite 260 | <input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2008"/> |
| | City Columbus State OH Zip Code 43215- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Voter Mail | <input type="text" value="1000.00"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | VOTER MAIL |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Marys Catering, Inc. | Transaction ID: 80815.E10571 Date of Disbursement |
| | Mailing Address 8 Howe street | <input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2008"/> |
| | City Hudson State MA Zip Code 01749- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Catering | <input type="text" value="1675.00"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CATERING |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Merchants Bankcard | Transaction ID: 80815.E10591 Date of Disbursement |
| | Mailing Address Fleet Bank 100 Federal Street | <input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/> |
| | City Boston State MA Zip Code 02110- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Credit Card Fee | <input type="text" value="25.00"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CREDIT CARD FEE |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2700.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Merchants Bankcard | Transaction ID: 80815.E10590 Date of Disbursement 07 / 01 / 2008 |
| | Mailing Address Fleet Bank 100 Federal Street | Amount of Each Disbursement this Period 263.28 |
| | City Boston State MA Zip Code 02110- | |
| | Purpose of Disbursement Credit Card Fee | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CREDIT CARD FEE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Konica Minolta Business Systems | Transaction ID: 80815.E10561 Date of Disbursement 07 / 10 / 2008 |
| | Mailing Address P.O. Box 7247-0322 | Amount of Each Disbursement this Period 722.93 |
| | City Philadelphia State PA Zip Code 19170-0322 | |
| | Purpose of Disbursement Copier | 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) ▼ |
| | | COPIER |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Ox-Eye Properties | Transaction ID: 80815.E10582 Date of Disbursement 07 / 18 / 2008 |
| | Mailing Address c/o Massey & Co. 85 Merrimac Street | Amount of Each Disbursement this Period 427.18 |
| | City Boston State MA Zip Code 02114- | |
| | Purpose of Disbursement Utilities | 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) ▼ |
| | | UTILITIES |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1413.39 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Ox-Eye Properties Mailing Address c/o Massey & Co. 85 Merrimac Street City Boston State MA Zip Code 02114- Purpose of Disbursement Rent 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: 80815.E10595 Date of Disbursement 07 / 30 / 2008 |
| | Amount of Each Disbursement this Period 4064.50 RENT |

| | |
|--|--|
| 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: 80714.E10529 Date of Disbursement 07 / 10 / 2008 |
| | Amount of Each Disbursement this Period 139.78 PAYROLL FEE |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll 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: 80714.E10534 Date of Disbursement 07 / 10 / 2008 |
| | Amount of Each Disbursement this Period 2740.38 PAYROLL TAX |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 6944.66 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 80714.E10528 Date of Disbursement 07 / 11 / 2008 |
| | Mailing Address PO Box 8295 | |
| | City Boston State MA Zip Code 02266- | Amount of Each Disbursement this Period 160.00 |
| | Purpose of Disbursement 401k 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) ▼ |
| | | 401K FEE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Paychex/InterPay | Transaction ID: 80815.E10576 Date of Disbursement 07 / 24 / 2008 |
| | Mailing Address PO Box 8295 | |
| | City Boston State MA Zip Code 02266- | Amount of Each Disbursement this Period 2734.21 |
| | 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: 80815.E10592 Date of Disbursement 07 / 31 / 2008 |
| | Mailing Address PO Box 8295 | |
| | City Boston State MA Zip Code 02266- | Amount of Each Disbursement this Period 99.03 |
| | 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) | 2993.24 |
| 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) Poland Spring Poland Spring <hr/> Mailing Address Processing Center PO Box 52271 <hr/> City Phoenix State AZ Zip Code 85072- <hr/> Purpose of Disbursement Bottled Water Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 80815.E10588 Date of Disbursement 07 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 64.05 <hr/> BOTTLED WATER |
| B. | Full Name (Last, First, Middle Initial) Edmund Quigley <hr/> Mailing Address 11 Sheryl Drive <hr/> City West Millbury State MA Zip Code 01586- <hr/> Purpose of Disbursement Band Fee Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 80815.E10565 Date of Disbursement 07 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 750.00 <hr/> BAND FEE |
| C. | Full Name (Last, First, Middle Initial) Jody's Quik Print <hr/> Mailing Address P.O. Box 1068 <hr/> City Middleton State MA Zip Code 01949- <hr/> Purpose of Disbursement Bbq Mail printing Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 80815.E10583 Date of Disbursement 07 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 1241.10 <hr/> BBQ MAIL PRINTING |

SUBTOTAL of Disbursements This Page (optional) ▶

2055.15

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) Staples, Inc. | Transaction ID: 80815.E10581 Date of Disbursement MM / DD / YYYY 07 / 25 / 2008 |
| | Mailing Address Staples Credit Plan Dept. 80 - 0088936796 | Amount of Each Disbursement this Period 725.74 |
| | 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) T-Mobile T-Mobile | Transaction ID: 80815.E10560 Date of Disbursement MM / DD / YYYY 07 / 10 / 2008 |
| | Mailing Address PO Box 790047 | Amount of Each Disbursement this Period 158.43 |
| | City Saint Louis | State MO |
| | Zip Code 63179- | Category/ Type |
| | Purpose of Disbursement Phone Service | PHONE SERVICE |
| | 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) Taj Boston | Transaction ID: 80815.E10580 Date of Disbursement MM / DD / YYYY 07 / 18 / 2008 |
| | Mailing Address 15 Arling St. | Amount of Each Disbursement this Period 300.00 |
| | City Boston | State MA |
| | Zip Code 02116- | Category/ Type |
| | Purpose of Disbursement Event Deposit | EVENT DEPOSIT |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1184.17 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Taj Boston | Transaction ID: 80815.E10579 Date of Disbursement 07 / 18 / 2008 |
| | Mailing Address 15 Arling St. | Amount of Each Disbursement this Period 1500.00 |
| | City Boston State MA Zip Code 02116- | |
| | Purpose of Disbursement Event Deposit | 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) ▼ |
| | | EVENT DEPOSIT |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Peter Torkildsen | Transaction ID: 80815.E10603 Date of Disbursement 07 / 30 / 2008 |
| | Mailing Address 1 Stony Brook Road | Amount of Each Disbursement this Period 841.00 |
| | 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 |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Postmaster- US Post Office | Transaction ID: 80815.E10604 Date of Disbursement 07 / 30 / 2008 |
| | Mailing Address 25 Dorchester Avenue | Amount of Each Disbursement this Period 841.00 |
| | City Boston State MA Zip Code 02205- | |
| | Purpose of Disbursement P. Torkildsen reimbursement for postage | 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 POSTAGE |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2341.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 60

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Verizon | Transaction ID: 80815.E10554 Date of Disbursement 07 / 10 / 2008 |
| | Mailing Address P.O. Box 1 | |
| | City Worcester State MA Zip Code 01654- | Amount of Each Disbursement this Period 548.40 |
| | Purpose of Disbursement Phone | PHONE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Robert Willington | Transaction ID: 80714.E10535 Date of Disbursement 07 / 01 / 2008 |
| | Mailing Address 12 Arlington Street | |
| | City Reading State MA Zip Code 01867- | Amount of Each Disbursement this Period 606.00 |
| | Purpose of Disbursement Reimbursement - see below | REIMBURSEMENT - SEE BELOW |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Continental Airlines | Transaction ID: 80714.E10536 Date of Disbursement 07 / 01 / 2008 |
| | Mailing Address 1600 Smith Street Ground Level | |
| | City Houston State TX Zip Code 77022- | Amount of Each Disbursement this Period 606.00 |
| | Purpose of Disbursement R. Willington airfare for National Convention | [MEMO ITEM] MEMO: R. WILLINGTON AIRFA- RE FOR NATIONAL CONVENTION |
| | 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) | ▶ | 1154.40 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Robert Willington</p> <p>Mailing Address 12 Arlington Street</p> <p>City Reading State MA Zip Code 01867-</p> <p>Purpose of Disbursement Reimbursement for food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10553</p> <p>Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 198.07</p> <p>REIMBURSEMENT FOR FOOD</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mo Zhu</p> <p>Mailing Address 28 Shean Rd.</p> <p>City Belmont State MA Zip Code 02478-</p> <p>Purpose of Disbursement Reimbursement for travel and photocopying</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10563</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 132.17</p> <p>REIMBURSEMENT FOR TRAVEL AND PHOTOCOPYING</p> |
| <p>C. Full Name (Last, First, Middle Initial) Mo Zhu</p> <p>Mailing Address 28 Shean Rd.</p> <p>City Belmont State MA Zip Code 02478-</p> <p>Purpose of Disbursement Reimbursement for travel and photocopying</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80815.E10562</p> <p>Date of Disbursement 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 195.50</p> <p>REIMBURSEMENT FOR TRAVEL AND PHOTOCOPYING</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

525.74

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

39485.00

**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)

PAGE 56 / 60

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Stephanie Hamilton

Mailing Address 15 Oakridge Dr.

City State Zip Code
Saugus MA 01906-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80815.E10578

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

275.00

SUBTOTAL of Disbursements This Page (optional)

275.00

TOTAL This Period (last page this line number only)

275.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Lyndsay Jones | Transaction ID: 80714.E10530 Date of Disbursement 07 / 10 / 2008 |
| | Mailing Address 16 Oval Road | |
| | City Quincy State MA Zip Code 02170- | Amount of Each Disbursement this Period 1260.12 |
| | Purpose of Disbursement Payroll Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Lyndsay Jones | Transaction ID: 80815.E10572 Date of Disbursement 07 / 24 / 2008 |
| | Mailing Address 16 Oval Road | |
| | City Quincy State MA Zip Code 02170- | Amount of Each Disbursement this Period 1260.12 |
| | 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) Barney Keller | Transaction ID: 80714.E10531 Date of Disbursement 07 / 10 / 2008 |
| | Mailing Address 187 Lewis Rd. | |
| | City Belmont State MA Zip Code 02478- | Amount of Each Disbursement this Period 1088.57 |
| | Purpose of Disbursement Payroll Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 3608.81 |
| 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 58 / 60

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <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: 80815.E10573 |
| | Mailing Address 187 Lewis Rd. | Date of Disbursement MM / DD / YYYY 07 / 24 / 2008 |
| | City Belmont State MA Zip Code 02478- | Amount of Each Disbursement this Period 1088.57 |
| | Purpose of Disbursement Payroll Candidate Name | PAYROLL |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Peter Torkildsen | Transaction ID: 80714.E10532 |
| | Mailing Address 1 Stony Brook Road | Date of Disbursement MM / DD / YYYY 07 / 10 / 2008 |
| | City Chelmsford State MA Zip Code 01863- | Amount of Each Disbursement this Period 1635.16 |
| | Purpose of Disbursement Payroll Candidate Name | PAYROLL |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Peter Torkildsen | Transaction ID: 80815.E10574 |
| | Mailing Address 1 Stony Brook Road | Date of Disbursement MM / DD / YYYY 07 / 24 / 2008 |
| | City Chelmsford State MA Zip Code 01863- | Amount of Each Disbursement this Period 1635.16 |
| | Purpose of Disbursement Payroll Candidate Name | PAYROLL |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4358.89 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80714.E10533 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1426.44 PAYROLL |
| B. Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80815.E10575 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1426.44 PAYROLL |

SUBTOTAL of Disbursements This Page (optional) ►

2852.88

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

10820.58

Image# 28932450294

Form/Schedule: **F3XN**

Transaction ID:

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NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY IS REQ
SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent a letter within 30 days asking
for employer-occupation if one was not provided in order to meet best efforts policy.
