

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 St. Suite 400 Boston MA 02114 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Convention, Special (d) 30-Day Report for the: Post-Election General, Runoff, Special Election on 11 02 2010 in the State of

5. Covering Period 10 01 2010 through 10 13 2010

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 Anderson

Signature of Treasurer Electronically Filed by Brent Anderson Date 11 11 2010

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		77412.05
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	256254.11									
(c) Total Receipts (from Line 19) .....	332250.00	2593683.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	588504.11	2671095.80								
7. Total Disbursements (from Line 31) .....	276564.79	2361313.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	311939.32	309782.21								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	5660.20									

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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	329450.00	1536871.50
(ii) Unitemized .....	0.00	57010.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	329450.00	1593882.38
(b) Political Party Committees .....	0.00	55.00
(c) Other Political Committees (such as PACs) .....	1000.00	50922.37
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	330450.00	1644859.75
12. Transfers From Affiliated/Other Party Committees .....	1800.00	948824.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	332250.00	2593683.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	332250.00	2593683.75

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.....	62490.73	929388.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	62490.73	929388.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	243000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	677026.52
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	214074.06	511898.79
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	214074.06	511898.79
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	276564.79	2361313.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	276564.79	2361313.59

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) .....	330450.00	1644859.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	330450.00	1644859.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	62490.73	929388.28
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	62490.73	929388.28

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Richard Aldrich		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address c/o JDJ Resources 31 Milk Street, Suite 401		Transaction ID: 01016.C186162
City Boston	State MA	Zip Code 02109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

**B.**

Full Name (Last, First, Middle Initial) Richard Anderson		Date of Receipt MM / DD / YYYY 10 / 08 / 2010
Mailing Address 10 Flanders Rd.		Transaction ID: 01016.C186338
City Westborough	State MA	Zip Code 01581
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Plumb House Inc	Occupation Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**C.**

Full Name (Last, First, Middle Initial) Jeffrey Barber		Date of Receipt MM / DD / YYYY 10 / 11 / 2010
Mailing Address 381 Beacon St		Transaction ID: 01016.C186352
City Boston	State MA	Zip Code 02116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer TA Associates	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Beverly Bearden

Mailing Address Zero Marlborough St  
Unit 1M

City Boston State MA Zip Code 02116

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

Name of Employer Best Effort Sent Occupation Best Effort Sent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2010

Transaction ID: 01016.C186279

Amount of Each Receipt this Period  
15000.00

**B.**

Full Name (Last, First, Middle Initial)  
Beverly Bearden

Mailing Address Zero Marlborough St  
Unit 1M

City Boston State MA Zip Code 02116

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

Name of Employer Best Effort Sent Occupation Best Effort Sent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2010

Transaction ID: 01016.C186280

Amount of Each Receipt this Period  
-5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Chester Black

Mailing Address 16 Ellie Lane

City Wayland State MA Zip Code 01778

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 ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2010

Transaction ID: 01016.C186235

Amount of Each Receipt this Period  
15000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **25000.00**

**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 8 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Chester Black		Date of Receipt																					
	Mailing Address 16 Ellie Lane		<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>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	5		2	0	1	0														
	City State Zip Code Wayland MA 01778		<b>Transaction ID:</b> 01016.C186236																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
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 ▼ 10000.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Ernest Boch		Date of Receipt																					
	Mailing Address 190 Sumner 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>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	7		2	0	1	0														
	City State Zip Code Norwood MA 02062		<b>Transaction ID:</b> 01016.C186285																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Boch Enterprises Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Ernest Boch		Date of Receipt																					
	Mailing Address 190 Sumner 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>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	7		2	0	1	0														
	City State Zip Code Norwood MA 02062		<b>Transaction ID:</b> 01016.C186286																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Boch Enterprises Occupation: CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ -5000.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 43

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jonathon Bush

Mailing Address 15 Hubbard Park Rd

City State Zip Code  
Cambridge MA 02138

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Athena Health Entrepreneur

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

**Transaction ID:** 01016.C186199

Amount of Each Receipt this Period 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Donna Camiolo

Mailing Address 180 Westchester Drive

City State Zip Code  
Canton MA 02021

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
R.F. Walsh CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

**Transaction ID:** 01016.C186224

Amount of Each Receipt this Period 3500.00

**C.**

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

Mailing Address PO Box 142

City State Zip Code  
Dennis MA 02660

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Quinn & Chamberlain, P.C. Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

**Transaction ID:** 01016.C186153

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... 8700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Connors		Date of Receipt
	Mailing Address 200 Clarendon St 60th Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 11 / 2010
	City	State	Zip Code
	Boston	MA	02116
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186353
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15000.00
		<input type="text"/> 10000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Connors		Date of Receipt
	Mailing Address 200 Clarendon St 60th Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 11 / 2010
	City	State	Zip Code
	Boston	MA	02116
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186354
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> -5000.00
		<input type="text"/> -5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Connors		Date of Receipt
	Mailing Address 30 Kodaya Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 03 / 2010
	City	State	Zip Code
	Newton	MA	02468
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186264
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 10250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Todd Dages		Date of Receipt
	Mailing Address 163 Marlborough St. Unit 2		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Boston	MA	02116
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186318
Name of Employer Spark Capital		Occupation investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 15000.00
		<input type="text"/> 10000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd Dages		Date of Receipt
	Mailing Address 163 Marlborough St. Unit 2		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Boston	MA	02116
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186319
Name of Employer Spark Capital		Occupation investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> -5000.00
		<input type="text"/> -5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Deblois		Date of Receipt
	Mailing Address 184 Forest Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Sherborn	MA	01770
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186167
Name of Employer Bunker Hill Capital		Occupation Private Equity Investments	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 11000.00
		<input type="text"/> 11000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 21000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 43  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Leslie Dolce

Mailing Address 9 Stagecoach Way

City State Zip Code  
Hopkinton MA 01748

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

Name of Employer Best Effort Sent Occupation Best Effort Sent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2010

Transaction ID: 01016.C186248

Amount of Each Receipt this Period  
10000.00

**B.**

Full Name (Last, First, Middle Initial)  
Leslie Dolce

Mailing Address 9 Stagecoach Way

City State Zip Code  
Hopkinton MA 01748

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

Name of Employer Best Effort Sent Occupation Best Effort Sent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2010

Transaction ID: 01016.C186249

Amount of Each Receipt this Period  
-5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Alexandra Drane

Mailing Address 4 Edgewater Place

City State Zip Code  
Winchester MA 01890

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

Name of Employer Eliza Corp Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2010

Transaction ID: 01016.C186305

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 43  
(check only one)

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

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

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

Mailing Address 14 Foster St.

City State Zip Code  
Marblehead MA 01945

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

Name of Employer Occupation  
Wakefield Management CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2010

**Transaction ID:** 01016.C186143

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Seth Gelber

Mailing Address 11 Parker Terrace

City State Zip Code  
Newton MA 02459

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

Name of Employer Occupation  
First Marblehead Corporation Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 09 / 2010

**Transaction ID:** 01016.C186342

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Laurence Gerber

Mailing Address 60 Laurel Rd.

City State Zip Code  
Weston MA 02493

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

Name of Employer Occupation  
Best effort Best Effort Sent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 11 / 2010

**Transaction ID:** 01016.C186349

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00

**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 14 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Glauber		Date of Receipt
	Mailing Address 337 Buckminster Rd		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brookline	MA	02445
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186229
Name of Employer Best Effort Sent		Occupation Best Effort Sent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15000.00"/>
		<input type="text" value="15000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Glauber		Date of Receipt
	Mailing Address 337 Buckminster Rd		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Brookline	MA	02445
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186230
Name of Employer Best Effort Sent		Occupation Best Effort Sent	Amount of Each Receipt this Period
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"/>
		<input type="text" value="10000.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Goel		Date of Receipt
	Mailing Address 4 Willow Rd.		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Weston	MA	02493
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186238
Name of Employer Matrix Capital Management		Occupation Hedge Fund Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15000.00"/>
		<input type="text" value="15000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="25000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Goel		Date of Receipt
	Mailing Address 4 Willow Rd.		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Weston	MA	02493
	FEC ID number of contributing federal political committee.		Transaction ID: 01016.C186239
		Amount of Each Receipt this Period	<input type="text" value="-5000.00"/>
Name of Employer Matrix Capital Management		Occupation Hedge Fund Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10000.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Stacey Goel		Date of Receipt
	Mailing Address 4 Willow Rd		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Weston	MA	02493
	FEC ID number of contributing federal political committee.		Transaction ID: 01016.C186241
		Amount of Each Receipt this Period	<input type="text" value="15000.00"/>
Name of Employer Homemaker		Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15000.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Stacey Goel		Date of Receipt
	Mailing Address 4 Willow Rd		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Weston	MA	02493
	FEC ID number of contributing federal political committee.		Transaction ID: 01016.C186242
		Amount of Each Receipt this Period	<input type="text" value="-5000.00"/>
Name of Employer Homemaker		Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10000.00"/>

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

**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 16 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Corey Griffin	Date of Receipt MM / DD / YYYY 10 / 11 / 2010
	Mailing Address 18 Arlington Rd	<b>Transaction ID:</b> 01016.C186361
	City State Zip Code Wellesley MA 02481	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BNY Mellon Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sean Healey	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address DO NOT MAIL DO NOT MAIL- See McCarthy	<b>Transaction ID:</b> 01016.C186292
	City State Zip Code Boston MA 11111	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Affiliated Managers Group Investment Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sean Healey	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address DO NOT MAIL DO NOT MAIL- See McCarthy	<b>Transaction ID:</b> 01016.C186293
	City State Zip Code Boston MA 11111	Amount of Each Receipt this Period -5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Affiliated Managers Group Investment Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ -5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 43  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Henry Helgeson

Mailing Address 17 Rutland Square

City State Zip Code  
Boston MA 02118

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

Name of Employer Merchant Warehouse Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 9000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

**Transaction ID:** 01016.C186299

Amount of Each Receipt this Period  
6500.00

**B.**

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

Mailing Address 85 Sparks St.

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Greylock Management Occupation Venture Capital

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

**Transaction ID:** 01016.C186346

Amount of Each Receipt this Period  
5000.00

**C.**

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

Mailing Address 85 Sparks St.

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Greylock Management Occupation Venture Capital

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

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

**Transaction ID:** 01016.C186362

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **16500.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Stephen Hemsley  
Mailing Address 622 Ferndale Rd. W  
City State Zip Code  
Wayzata MN 55391  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
United Health Group Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00  
Date of Receipt 10 / 07 / 2010  
Transaction ID: 01016.C186302  
Amount of Each Receipt this Period 10000.00

**B.** Full Name (Last, First, Middle Initial)  
Regina Herzlinger  
Mailing Address 560 Concord Ave  
City State Zip Code  
Belmont MA 02478  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Harvard Business School Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 9500.00  
Date of Receipt 10 / 12 / 2010  
Transaction ID: 01016.C186543  
Amount of Each Receipt this Period 14500.00

**C.** Full Name (Last, First, Middle Initial)  
Regina Herzlinger  
Mailing Address 560 Concord Ave  
City State Zip Code  
Belmont MA 02478  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Harvard Business School Professor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ -5000.00  
Date of Receipt 10 / 12 / 2010  
Transaction ID: 01016.C186544  
Amount of Each Receipt this Period -5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 19500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 43

(check only one)

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

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

**A.**

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

Mailing Address 7 Charles Way

City	State	Zip Code
North Easton	MA	02356

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

Name of Employer Best Effort Sent	Occupation Best Effort Sent
--------------------------------------	--------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00
---	--------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 1 0

Transaction ID: 01016.C186232

Amount of Each Receipt this Period

15000.00

**B.**

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

Mailing Address 7 Charles Way

City	State	Zip Code
North Easton	MA	02356

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

Name of Employer Best Effort Sent	Occupation Best Effort Sent
--------------------------------------	--------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00
---	--------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 01016.C186233

Amount of Each Receipt this Period

-5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Roger Kafker

Mailing Address 11 Valley Rd

City	State	Zip Code
Wellesley	MA	02481

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

Name of Employer TA and Associates	Occupation Executive
---------------------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00
---	--------------------------------------

Date of Receipt

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

Transaction ID: 01016.C186453

Amount of Each Receipt this Period

10000.00

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

20000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Kennedy	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 4436 Broadmoor SE	<b>Transaction ID:</b> 01016.C186321
	City State Zip Code Grand Rapids MI 49512	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Best Effort Sent      Occupation Best Effort Sent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 15000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Kennedy	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 4436 Broadmoor SE	<b>Transaction ID:</b> 01016.C186322
	City State Zip Code Grand Rapids MI 49512	Amount of Each Receipt this Period -5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Best Effort Sent      Occupation Best Effort Sent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy Kennedy	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address 4436 Broadmoor SE	<b>Transaction ID:</b> 01016.C186324
	City State Zip Code Grand Rapids MI 49512	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Best Effort Sent      Occupation Best Effort Sent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	25000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy Kennedy		Date of Receipt
	Mailing Address 4436 Broadmoor SE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Grand Rapids	MI	49512
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 01016.C186325
Name of Employer Best Effort Sent		Occupation Best Effort Sent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> -5000.00
		<input type="text"/> -5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence Lepard		Date of Receipt
	Mailing Address 211 Grove St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Wellesley	MA	02482
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 01016.C186255
Name of Employer Best Effort Sent		Occupation Best Effort Sent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
		<input type="text"/> 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Lyons		Date of Receipt
	Mailing Address 1 Federal Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Wilbraham	MA	01095
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> 01016.C186244
Name of Employer Third Generation Consultants		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10000.00
		<input type="text"/> 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 43  
(check only one)

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

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

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

**A.**

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

Mailing Address 1 Federal Lane

City State Zip Code  
Wilbraham MA 01095

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

Name of Employer Third Generation Consultants Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 01016.C186245

Amount of Each Receipt this Period -5000.00

**B.**

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

Mailing Address 10840 Pleasant Hill Dr

City State Zip Code  
Potomac MD 20854

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

Name of Employer Marriott Corp. Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 01016.C186258

Amount of Each Receipt this Period 10000.00

**C.**

Full Name (Last, First, Middle Initial)  
Arthur Maxwell

Mailing Address 96 Peakham Road

City State Zip Code  
Sudbury MA 01776

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

Name of Employer ALS Inc. Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5500.00

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

Transaction ID: 01016.C186347

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**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 / 43  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Shaun McConnon

Mailing Address 105 Plain Road

City State Zip Code  
Wayland MA 01778

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

Name of Employer Q1Labs Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 01016.C186348

Amount of Each Receipt this Period  
2500.00

**B.**

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

Mailing Address 61 Halsey Lane

City State Zip Code  
Water Mill NY 11976

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 ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 01016.C186214

Amount of Each Receipt this Period  
10000.00

**C.**

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

Mailing Address 110 Black Rock Drive

City State Zip Code  
Hingham MA 02043

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  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Transaction ID: 01016.C186308

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 17500.00

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) At&t Pac		Date of Receipt
	Mailing Address 208 S. Akard St Suite 3521		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Dallas	TX	75202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186171
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="2500.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Distilled Spirits Pac		Date of Receipt
	Mailing Address 1250 First St. Ste. 400		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186128
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Geico Pac		Date of Receipt
	Mailing Address 1 Geico Plaza		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20076
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 01016.C186277
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 25 / 43  
(check only one)  
 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)  
David Pietro

Mailing Address 9 Wintergreen Lane

City State Zip Code  
Sandwich MA 02563

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

Name of Employer DGP Miles Occupation Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

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

**Transaction ID:** 01016.C186251

Amount of Each Receipt this Period  
10000.00

**B.** Full Name (Last, First, Middle Initial)  
David Pietro

Mailing Address 9 Wintergreen Lane

City State Zip Code  
Sandwich MA 02563

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

Name of Employer DGP Miles Occupation Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

**Transaction ID:** 01016.C186252

Amount of Each Receipt this Period  
-5000.00

**C.** Full Name (Last, First, Middle Initial)  
Patrick Ryan

Mailing Address 686 Hale St

City State Zip Code  
Beverly MA 01915

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

Name of Employer Physicians Dialysis Occupation Healthcare Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

**Transaction ID:** 01016.C186295

Amount of Each Receipt this Period  
15000.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 43  
(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)  
Patrick Ryan

Mailing Address 686 Hale St

City State Zip Code  
Beverly MA 01915

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

Name of Employer: Physicians Dialysis   Occupation: Healthcare Services

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-5000.00

Date of Receipt: 10 / 07 / 2010  
**Transaction ID:** 01016.C186296  
 Amount of Each Receipt this Period: -5000.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald Skates

Mailing Address 4 Boardman Avenue

City State Zip Code  
Manchester MA 01944

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

Name of Employer: Self-Employed   Occupation: investor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt: 10 / 03 / 2010  
**Transaction ID:** 01016.C186227  
 Amount of Each Receipt this Period: 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Maria Smail

Mailing Address 40 Wyman Drive

City State Zip Code  
Sudbury MA 01776

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 ▼  
10000.00

Date of Receipt: 10 / 07 / 2010  
**Transaction ID:** 01016.C186291  
 Amount of Each Receipt this Period: 10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

**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 27 / 43  
(check only one)

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

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

**A.**

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

Mailing Address 40 Wyman Dr

City State Zip Code  
Sudbury MA 01776

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

Name of Employer Self Employed Occupation investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 7 / 2 0 1 0

Transaction ID: 01016.C186290

Amount of Each Receipt this Period  
10000.00

**B.**

Full Name (Last, First, Middle Initial)  
Clare Villari

Mailing Address 158 Cotton Street

City State Zip Code  
Newton MA 02458

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 01016.C186144

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Clare Villari

Mailing Address 158 Cotton Street

City State Zip Code  
Newton MA 02458

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 ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 1 0

Transaction ID: 01016.C186164

Amount of Each Receipt this Period  
5000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 43  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Tona White

Mailing Address 23 Chadwick Road

City State Zip Code  
Weston MA 02493

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2010

Transaction ID: 01016.C186330

Amount of Each Receipt this Period  
10000.00

**B.**

Full Name (Last, First, Middle Initial)  
Tona White

Mailing Address 23 Chadwick Road

City State Zip Code  
Weston MA 02493

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ -5000.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2010

Transaction ID: 01016.C186331

Amount of Each Receipt this Period  
-5000.00

**C.**

Full Name (Last, First, Middle Initial)  
James and Maliz Beams

Mailing Address 20 Green Ln

City State Zip Code  
Weston MA 02493

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2010

Transaction ID: 01016.C186195

Amount of Each Receipt this Period  
10000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	329450.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 43	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) The Cummings Committee		Date of Receipt																					
	Mailing Address P.O. Box 0445		<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>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	4		2	0	1	0														
	City State Zip Code Falmouth MA 02541		<b>Transaction ID:</b> 01016.C186149																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																					
Name of Employer Occupation		Aggregate Year-to-Date ▼ 1000.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 30 / 43	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Republican National Committee		Date of Receipt
	Mailing Address 310 First Street SE		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20003
	FEC ID number of contributing federal political committee.		Transaction ID: 01017.C186673
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Political Committee		Occupation	
		FEC ID: C00003418	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="114654.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1800.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1800.00"/>

# 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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Republican National Committee</p> <p>Mailing Address 310 First Street SE DO NOT MAIL</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement SEE LINE 12 - IN-KIND TRANSFER</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12511 <b>Date of Disbursement</b> 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1800.00</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tara Esfahanian</p> <p>Mailing Address 177 Upham St.</p> <p>City Melrose State MA Zip Code 02176</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><b>Transaction ID:</b> 01017.E12607 <b>Date of Disbursement</b> 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2795.00</p> <p>PARTY ONLY</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tara Esfahanian</p> <p>Mailing Address 177 Upham St.</p> <p>City Melrose State MA Zip Code 02176</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><b>Transaction ID:</b> 01017.E12608 <b>Date of Disbursement</b> 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>PARTY ONLY</p> <p>Category/Type</p>

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

8595.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 01017.E12593
	Mailing Address 209 bunker hill st Apt 1	Date of Disbursement 10 / 06 / 2010
	City Boston State MA Zip Code 02129	Amount of Each Disbursement this Period 135.52
	Purpose of Disbursement REIMBURSEMENT FOR PHONE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 01017.E12583
	Mailing Address PO Box 1270	Date of Disbursement 10 / 06 / 2010
	City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period 1619.70
	Purpose of Disbursement AMEX CHARGES - SEE BELOW	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Associated Press	Transaction ID: 01017.E12585
	Mailing Address 184 High Street	Date of Disbursement 10 / 01 / 2010
	City Boston State MA Zip Code 02110	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement MEMO: REPORTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1755.22
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Top of the Hub Mailing Address 800 Boylston St. City Boston State MA Zip Code 02199 Purpose of Disbursement MEMO: AMEX - FR EVENT 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: 01017.E12584 Date of Disbursement 10 / 01 / 2010
	Amount of Each Disbursement this Period 1000.00 [MEMO ITEM] PARTY ONLY

<b>B.</b> Full Name (Last, First, Middle Initial) Comcast Mailing Address PO Box 196 City Newark State NJ Zip Code 07101 Purpose of Disbursement CABLE BILL 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: 01017.E12586 Date of Disbursement 10 / 06 / 2010
	Amount of Each Disbursement this Period 1619.70

<b>C.</b> Full Name (Last, First, Middle Initial) Crimson Press Mailing Address 586 Rutherford Avenue City Boston State MA Zip Code 02129 Purpose of Disbursement INVITATION PRINTING 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: 01017.E12587 Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 2380.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3999.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Exeter Group, Inc	Transaction ID: 01017.E12588 Date of Disbursement 10 / 06 / 2010
	Mailing Address 1 Canal Park	Amount of Each Disbursement this Period 8848.00
	City Cambridge State MA Zip Code 02141	
	Purpose of Disbursement IT CONSULTING	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) ▼

B.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 01017.E12591 Date of Disbursement 10 / 12 / 2010
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 4112.10
	City Saint Paul State MN Zip Code 55128	
	Purpose of Disbursement TELEMARKETING	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) ▼

C.	Full Name (Last, First, Middle Initial) Kauppi Communications	Transaction ID: 01017.E12592 Date of Disbursement 10 / 06 / 2010
	Mailing Address 27 Townly Road	Amount of Each Disbursement this Period 3000.00
	City Watertown State MA Zip Code 02472	
	Purpose of Disbursement CONSULTING	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15960.10
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Mr. Philip Miatkowski

Mailing Address 485 Foster St.

City North Andover State MA Zip Code 01845

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01017.E12597  
Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)  
Ox-Eye Properties

Mailing Address c/o Massey & Co.  
85 Merrimac Street

City Boston State MA Zip Code 02114

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01017.E12596  
Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

4434.00

C.

Full Name (Last, First, Middle Initial)  
SCM Associates

Mailing Address Steve Meyers  
1283 Main Street

City Dublin State NH Zip Code 03444

Purpose of Disbursement  
DIRECT MARKETING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01017.E12604  
Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

5755.88

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

10389.88

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 01017.E12605 Date of Disbursement 10 / 12 / 2010
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 1000.00
	City Dublin State NH Zip Code 03444	
	Purpose of Disbursement DIRECT MARKETING	
	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) ▼

B.	Full Name (Last, First, Middle Initial) UNITEMIZED	Transaction ID: SB21.1 Date of Disbursement 10 / 01 / 2010
	Mailing Address	Amount of Each Disbursement this Period 76.59
	City State Zip Code	
	Purpose of Disbursement	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 01017.E12611 Date of Disbursement 10 / 12 / 2010
	Mailing Address PO Box 5029	Amount of Each Disbursement this Period 672.22
	City Wallingford State CT Zip Code 06492	
	Purpose of Disbursement PHONE BILL	
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1748.81
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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)

Westin Copley Place

Mailing Address 10 Huntington Ave.

City Boston State MA Zip Code 02116

Purpose of Disbursement  
EVENT CATERING FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01017.E12612

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

20042.02

PARTY ONLY

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

20042.02

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

62490.73

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Majority Strategies Mailing Address 135 Professional Drive Suite 104 City State Zip Code Ponte Vedra Beach FL 32082 Purpose of Disbursement POLITICAL DIRECT 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: 01017.E12594 Date of Disbursement 10 / 06 / 2010
	Amount of Each Disbursement this Period 119850.06 PARTY ONLY

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Philip Miatkowski Mailing Address 485 Foster St. City State Zip Code North Andover MA 01845 Purpose of Disbursement FIELD PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01017.E12598 Date of Disbursement 10 / 06 / 2010
	Amount of Each Disbursement this Period 650.00

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Philip Miatkowski Mailing Address 485 Foster St. City State Zip Code North Andover MA 01845 Purpose of Disbursement FIELD PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01017.E12599 Date of Disbursement 10 / 06 / 2010
	Amount of Each Disbursement this Period 325.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	120825.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 43

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

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

A.	Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: 01017.E12600 Date of Disbursement
	Mailing Address 277 South Washington Street, Suite	<input type="text" value="10"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement POLLING RESEACH	<input type="text" value="27000.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: 01017.E12601 Date of Disbursement
	Mailing Address 277 South Washington Street, Suite	<input type="text" value="10"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement POLLING RESEARCH FEE	<input type="text" value="27500.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: 01017.E12602 Date of Disbursement
	Mailing Address 277 South Washington Street, Suite	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement POLLING RESEARCH FEE	<input type="text" value="5749.00"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="60249.00"/>
<b>TOTAL</b> 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)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Public Opinion Strategies</p> <p>Mailing Address 277 South Washington Street, Suite</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement POLLING RESEARCH 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><b>Transaction ID:</b> 01017.E12603 <b>Date of Disbursement</b> 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 25000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Semcasting Inc</p> <p>Mailing Address 300 Brickstone Square</p> <p>City Andover State MA Zip Code 01810</p> <p>Purpose of Disbursement VOTER ID/DATA TARGETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12606 <b>Date of Disbursement</b> 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>PARTY ONLY</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Three Group LLC</p> <p>Mailing Address 5 Bayard Road Suite 507</p> <p>City Pittsburgh State PA Zip Code 15213</p> <p>Purpose of Disbursement VICTORY MICROTARGETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12609 <b>Date of Disbursement</b> 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>PARTY ONLY</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>31000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Three Group LLC

Mailing Address 5 Bayard Road Suite 507

City Pittsburgh State PA Zip Code 15213

Purpose of Disbursement  
VICTORY MICROTARGETING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01017.E12610

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2000.00

PARTY ONLY

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

214074.06

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect	Nature of Debt (Purpose): Original Debt for telemar- keting non-fea
Mailing Address 7300 Hudson Blvd. Ste	
City State ZIP Code Saint Paul MN 55128	

Outstanding Balance Beginning This Period 3910.20	<b>Transaction ID:</b> LS91217.E11763	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3910.20

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

Outstanding Balance Beginning This Period 250.00	<b>Transaction ID:</b> LS90513.E11275	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

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

Outstanding Balance Beginning This Period 250.00	<b>Transaction ID:</b> LS90513.E11276	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>4410.20</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1250.00
2) <b>TOTALS</b> This Period (last page this line number only).....	5660.20
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	5660.20