

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**MASSACHUSETTS VICTORY COMMITTEE**

ADDRESS (number and street) **310 FIRST STREET, SE**  
Check if different than previously reported. (ACC) **WASHINGTON DC 20003**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00549782** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  2016 through  /  /  2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
CRATE, BRADLEY, T., ,  
Type or Print Name of Treasurer

Signature of Treasurer CRATE, BRADLEY, T., [Electronically Filed] Date  /  /  2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**MASSACHUSETTS VICTORY COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value=""/>	<input type="text" value="101270.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="42763.42"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="202450.00"/>	<input type="text" value="1081900.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="245213.42"/>	<input type="text" value="1183170.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="224921.42"/>	<input type="text" value="1162878.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20292.00"/>	<input type="text" value="20292.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**MASSACHUSETTS VICTORY COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	177600.00	1049950.00
(ii) Unitemized .....	7450.00	9550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	185050.00	1059500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6000.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	191050.00	1070500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	11400.00	11400.00
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 Transfers (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)).....▶	202450.00	1081900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	202450.00	1081900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	56815.82	293676.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	56815.82	293676.07
22. Transfers to Affiliated/Other Party Committees.....	168105.60	866202.74
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	3000.00
(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	3000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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 .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	224921.42	1162878.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	224921.42	1162878.81

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	191050.00	1070500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	191050.00	1067500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	56815.82	293676.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	11400.00	11400.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	45415.82	282276.07

**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 6 OF 101
	<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	

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 VICTORY COMMITTEE**

**A. BAKER, JON, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 ARLINGTON ST

City BOSTON	State MA	Zip Code 02116
----------------	-------------	-------------------

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

Name of Employer (for Individual) INTERNATIONAL PLANNING GROUP	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

**Transaction ID : SA11AI.7854**

Amount of Each Receipt this Period  
3000.00

Memo Item

**B. BENSON, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ONE BOSTON PLACE  
SUITE 3830

City BOSTON	State MA	Zip Code 02108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BENSON BOTSFORD LLC	Occupation (for Individual) PARTNER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

**Transaction ID : SA11AI.7855**

Amount of Each Receipt this Period  
10000.00

Memo Item

**C. BOTSIVALES, GREGORY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 450 STATION AVENUE

City SOUTH YARMOUTH	State MA	Zip Code 02664
------------------------	-------------	-------------------

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

Name of Employer (for Individual) BOTSINI CORPORATION	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

**Transaction ID : SA11AI.7856**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	14000.00
<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 7 OF 101
	<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 VICTORY COMMITTEE**

**A. BOTSIVALES, HARRY, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 761  
 City WEST YARMOUTH State MA Zip Code 02673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOTSINI CORPORATION Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : SA11AI.7857**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. BREEN, MITCH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 STONEFIELD COURT  
 City NEEDHAM State MA Zip Code 02492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROGRESS SOFTWARE Occupation (for Individual) CHIEF REVENUE OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 08 / 10 / 2016  
**Transaction ID : SA11AI.7859**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

**C. CAPOLUPO, WAYNE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 BEACH ROAD UNIT #17  
 City SALISBURY State MA Zip Code 01952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPS NEW ENGLAND INC. Occupation (for Individual) CHAIRMAN AND CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 08 / 04 / 2016  
**Transaction ID : SA11AI.7862**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<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 8 OF 101
	<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 VICTORY COMMITTEE**

**A. CARVALHO, JOHN, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1408 GARDNER'S NECK RD  
 City SWANSEA State MA Zip Code 02777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) APOLLO SECURITY Occupation (for Individual) SECURITY ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 26 / 2016  
**Transaction ID : SA11AI.7864**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. CHAPMAN, STEPHEN, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 GALEN ST  
 City WATERTOWN State MA Zip Code 02472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SMC MANAGEMENT Occupation (for Individual) REAL ESTATE DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 18 / 2016  
**Transaction ID : SA11AI.7866**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. CHRIST, NICHOLAS, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 VALENTINE ST  
 City FALL RIVER State MA Zip Code 02720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BAYCOAST BANK Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 27 / 2016  
**Transaction ID : SA11AI.7868**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10800.00
<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 9 OF 101
<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 VICTORY COMMITTEE**

**A. CIMINI, MICHAEL, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 SIDNEY RD

City STURBRIDGE	State MA	Zip Code 01566
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AUSTIN LIQUORS	Occupation (for Individual) PRESIDENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2016

**Transaction ID : SA11AI.7869**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. CIMINI, MICHAEL, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 SIDNEY RD

City STURBRIDGE	State MA	Zip Code 01566
--------------------	-------------	-------------------

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

Name of Employer (for Individual) AUSTIN LIQUORS	Occupation (for Individual) PRESIDENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2016

**Transaction ID : SA11AI.7870**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. COOPER, ROBERT, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 HIGH ST

City SOUTH DARTMOUTH	State MA	Zip Code 02748
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KLEAR-VU	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2016

**Transaction ID : SA11AI.7878**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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 10 OF 101
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. CUSSON, SHAUN, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 LINDSAY DR  
 City DALTON State MA Zip Code 01266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HILLCREST EDUCATIONAL CENTERS, INC. Occupation (for Individual) EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt **08 / 30 / 2016**  
**Transaction ID : SA11AI.7884**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. DECELLES, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 HANCOCK RD  
 City HINGHAM State MA Zip Code 02043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE MONTOR NETWORK Occupation (for Individual) BUSINESS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 10000.00

Date of Receipt **08 / 30 / 2016**  
**Transaction ID : SA11AI.7888**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. DELICKER, LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 66 CHERRY HILL DRIVE  
 City BEVERLY State MA Zip Code 01905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WINDOVER CONSTRUCTION Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt **08 / 01 / 2016**  
**Transaction ID : SA11AI.7890**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **10750.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 101
<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 VICTORY COMMITTEE**

**A. DEMELLO, JAMES, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 HATHAWAY RD  
 City DARTMOUTH State MA Zip Code 02747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 27 / 2016  
**Transaction ID : SA11AI.7893**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. DOWNEY, PAUL, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 WATER ST PO BOX 411  
 City MATTAPOISETT State MA Zip Code 02739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAKOUMET REALTY Occupation (for Individual) REAL ESTATE DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 27 / 2016  
**Transaction ID : SA11AI.7895**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**C. FAIRBANK, VIKKI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 WHITMAN ROAD  
 City HANCOCK State MA Zip Code 01237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JIMINY PEAK MOUNTAIN RESORT Occupation (for Individual) SIRIUSWARE & AXESS SYSTEMS MA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 11 / 2016  
**Transaction ID : SA11AI.7901**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<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 12 OF 101
<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 VICTORY COMMITTEE**

**A. FERENBACH, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 COMMONWEALTH AVENUE  
 PH5  
 City BOSTON State MA Zip Code 02116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HIGH MEADOWS FOUNDATION Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 43400.00

Date of Receipt 07 / 08 / 2016  
**Transaction ID : SA11AI.7902**  
 Amount of Each Receipt this Period 43400.00  
 Memo Item

**B. GATES, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 143 MEADOWBROOK ROAD  
 City WESTON State MA Zip Code 02493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE PARTHENON GROUP Occupation (for Individual) CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2016  
**Transaction ID : SA11AI.7911**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. HABER, ROBERT, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 RIDGE HILL FARM ROAD  
 City WELLESLEY State MA Zip Code 02482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROFICIO CAPITAL PARTNERS, LLC Occupation (for Individual) SINGLE FAMILY OFFICE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 26 / 2016  
**Transaction ID : SA11AI.7914**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	54400.00
<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 13 OF 101
	<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 VICTORY COMMITTEE**

**A. HETZLER, KARL, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 195 N OGDEN ST

City FALL RIVER	State MA	Zip Code 02723
--------------------	-------------	-------------------

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

Name of Employer (for Individual) H&S TOOL	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2016

**Transaction ID : SA11AI.7916**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. HOSKINS, WILLIAM, K, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 HARVEST CIRCLE

City LINCOLN	State MA	Zip Code 01775
-----------------	-------------	-------------------

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

Name of Employer (for Individual) HOSKINS & ASSOCIATES	Occupation (for Individual) EXECUTIVE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2016

**Transaction ID : SA11AI.7917**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C. KARAM, FRANCESCA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 645 MADISON ST

City FALL RIVER	State MA	Zip Code 02720
--------------------	-------------	-------------------

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

Name of Employer (for Individual) KARAM FINANCIAL GROUP	Occupation (for Individual) BOOKKEEPER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2016

**Transaction ID : SA11AI.7925**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3550.00
<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 14 OF 101
	<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 VICTORY COMMITTEE**

**A. KARAM, ROBERT, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 456 ROCK ST  
PO BOX 549

City FALL RIVER State MA Zip Code 02720

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

Name of Employer (for Individual) KARAM FINANCIAL GROUP Occupation (for Individual) PRINCIPAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2016

Transaction ID : SA11AI.7923

Amount of Each Receipt this Period  
3000.00

Memo Item

**B. KERSHAW, THOMAS, A, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84 BEACON STREET

City BOSTON State MA Zip Code 02108

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

Name of Employer (for Individual) HAMPSHIRE HOUSE CORP. Occupation (for Individual) BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2016

Transaction ID : SA11AI.7928

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. LARGER, LOUIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 BURR DRIVE

City NEED HAM State MA Zip Code 02492

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

Name of Employer (for Individual) PANTHER PROPERTIES Occupation (for Individual) REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2016

Transaction ID : SA11AI.7934

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<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 15 OF 101
<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 VICTORY COMMITTEE**

**A. LEMAY, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 DUNEDIN ROAD  
 City WELLESLEY HILLS State MA Zip Code 02481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED MATERIAL MANAGEMENT, INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 11500.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : SA11AI.7935**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

**B. MAZUREK, RICHARD, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 490 WINTHROP ST  
 City TAUNTON State MA Zip Code 02780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) G LOPES CONSTRUCTION Occupation (for Individual) PARTS MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2016  
**Transaction ID : SA11AI.7943**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. MEDEIROS, JOAN, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 334 PALMER ST  
 City FALL RIVER State MA Zip Code 02724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRISTOL COUNTY SAVINGS BANK Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 27 / 2016  
**Transaction ID : SA11AI.7949**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4400.00
<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 16 OF 101
<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 VICTORY COMMITTEE**

**A. MOUGEON, ROBERT, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 FORREST ST  
 City BERKLEY State MA Zip Code 02779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DUNKIN DONUTS Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 27 / 2016**  
**Transaction ID : SA11AI.7951**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. MUZI, FREDERICK, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 POWISSET ST  
 City DOVER State MA Zip Code 02030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt **08 / 02 / 2016**  
**Transaction ID : SA11AI.7952**  
 Amount of Each Receipt this Period 15000.00  
 Memo Item

**C. OLIVEIRA, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 SAGAMORE RD  
 City SEEKONK State MA Zip Code 02771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PLYMOUTH TRUST COMPANY Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **07 / 27 / 2016**  
**Transaction ID : SA11AI.7957**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15450.00
<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 17 OF 101
<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 VICTORY COMMITTEE**

**A. PERRY, DIANE, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2380 RIVERSIDE AVE

City SOMERSET	State MA	Zip Code 02726
------------------	-------------	-------------------

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

Name of Employer (for Individual) THE LOPES CONTROLLER	Occupation (for Individual) CONTROLLER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2016

**Transaction ID : SA11AI.7963**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. QUIRK, MARY, JO, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 850972

City BRAintree	State MA	Zip Code 02185
-------------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2016

**Transaction ID : SA11AI.7967**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. REZENDES, KENNETH, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 SAMMY'S LN

City ASSONET	State MA	Zip Code 02702
-----------------	-------------	-------------------

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

Name of Employer (for Individual) K.R. REZENDES CONSTRUCTION	Occupation (for Individual) OWNER
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2016

**Transaction ID : SA11AI.7971**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6400.00
<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 18 OF 101
<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 VICTORY COMMITTEE**

**A. SCHOEN, SCOTT, A, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 BOYLSTON STREET  
NINTH FLOOR

City BOSTON	State MA	Zip Code 02116
----------------	-------------	-------------------

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

Name of Employer (for Individual) BAYLON CAPITAL MANAGEMENT, LLC	Occupation (for Individual) INVESTMENT MANAGEMENT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

**Transaction ID : SA11AI.7976**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. SEVERINO, KATHLEEN, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 680 STRAWBERRY HILL ROAD

City CONCORD	State MA	Zip Code 01742
-----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2016

**Transaction ID : SA11AI.7978**

Amount of Each Receipt this Period  
10000.00

Memo Item

**C. SEVERINO, PAUL, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 680 STRAWBERRY HILL ROAD

City CONCORD	State MA	Zip Code 01742
-----------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2016

**Transaction ID : SA11AI.7977**

Amount of Each Receipt this Period  
10000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30000.00
<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 19 OF 101
	<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 VICTORY COMMITTEE**

**A. SOUSA, RICHARD, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 ELM ST  
 City ASSONET State MA Zip Code 02702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KRR CONSTRUCTION Occupation (for Individual) LABORER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 27 / 2016  
**Transaction ID : SA11AI.7988**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. STANDING, MICHAEL, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 WILLOW CIR  
 City MEDFIELD State MA Zip Code 02052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A.I.M. MUTUAL INS CO Occupation (for Individual) INSURANCE EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 18 / 2016  
**Transaction ID : SA11AI.7992**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. VERMA, SUDIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 EDWARD DR  
 City WINCHESTER State MA Zip Code 01890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALEGEUS TECHNOLOGIES Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 7000.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : SA11AI.7997**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2650.00
<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 20 OF 101
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. WARING, SUMNER, JAMES, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 PEPPERBUSH LN  
 City MATTAPoisETT State MA Zip Code 02739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) XERVICE CORPORATION INTERNATIONAL Occupation (for Individual) SR VP, OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 27 / 2016  
**Transaction ID : SA11AI.8001**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. ZEROLA, NICOLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 BAKERS HILL ROAD  
 City WESTON State MA Zip Code 02493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ZEROLA & ASSOCIATES, PC Occupation (for Individual) ATTORNEY & REAL ESTATE BROKE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 27 / 2016  
**Transaction ID : SA11AI.8002**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	177600.00

**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 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. EMD SERONO, INC. POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address ONE TECHNOLOGY PLACE

City ROCKLAND	State MA	Zip Code 02370
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00258236

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2016

**Transaction ID : SA11C.7846**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. MASS POLICE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 42 PILGRIM RD

City MEDFORD	State MA	Zip Code 02155
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2016

**Transaction ID : SA11C.7848**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6000.00

**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 22 OF 101
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. BOSTON RED SOX BASEBALL CLUB**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 YAWKEY WAY

City BOSTON	State MA	Zip Code 02215
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		25		2016

**Transaction ID : SA15.8343**

Amount of Each Receipt this Period  
11400.00

Memo Item  
VENDOR REFUND: OVERPAYMENT

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11400.00

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ABE & LOUIE'S**

Mailing Address 793 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement CATERING

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.8003**  
 Amount of Each Disbursement this Period  
 444.87

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMARI BAR AND RISTORANTE**

Mailing Address 674 ROUT 6A

City EAST SANDWICH State MA Zip Code 02537

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.8004**  
 Amount of Each Disbursement this Period  
 141.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD.

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL: FEES

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.8005**  
 Amount of Each Disbursement this Period  
 35.32

Memo Item

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

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

621.42

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD.

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.8006**  
Amount of Each Disbursement this Period  
[ ] 334.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4255 AMON CARTER BLVD.

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
TRAVEL: BAGGAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.8007**  
Amount of Each Disbursement this Period  
[ ] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.8008**  
Amount of Each Disbursement this Period  
[ ] 60.00

Memo Item

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

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
						4	1	9	.2

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----



**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 08 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8009

Amount of Each Disbursement this Period

6.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8010

Amount of Each Disbursement this Period

4.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8011

Amount of Each Disbursement this Period

40.00

Memo Item

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

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

50.00

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8012  
Amount of Each Disbursement this Period  
108.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8013  
Amount of Each Disbursement this Period  
20.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8014  
Amount of Each Disbursement this Period  
600.00

Memo Item

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

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

728.00

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8015  
Amount of Each Disbursement this Period  
120.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 17 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8016  
Amount of Each Disbursement this Period  
80.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 24 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8017  
Amount of Each Disbursement this Period  
400.00

Memo Item

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

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

600.00

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2016

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.8018**

Amount of Each Disbursement this Period

[REDACTED] 80.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2016

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.8019**

Amount of Each Disbursement this Period

[REDACTED] 400.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BACK BAY GARAGE**

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.8021**

Amount of Each Disbursement this Period

[REDACTED] 40.00

Memo Item

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

[REDACTED] 520.00

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

[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

**A. BACK BAY GARAGE**

Full Name (Last, First, Middle Initial)

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8022

Amount of Each Disbursement this Period: 28.00

Memo Item

**B. BACK BAY GARAGE**

Full Name (Last, First, Middle Initial)

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8023

Amount of Each Disbursement this Period: 36.00

Memo Item

**C. BACK BAY GARAGE**

Full Name (Last, First, Middle Initial)

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8024

Amount of Each Disbursement this Period: 40.00

Memo Item

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

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

104.00

**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"/> 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 VICTORY COMMITTEE**

**A. BACK BAY GARAGE**

Full Name (Last, First, Middle Initial)

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 12 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8025

Amount of Each Disbursement this Period: 40.00

Memo Item

**B. BEAUPORT GLOUCESTER**

Full Name (Last, First, Middle Initial)

Mailing Address 47 COMMERCIAL ST

City GLOUCESTER State MA Zip Code 01930

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 11 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8027

Amount of Each Disbursement this Period: 579.32

Memo Item

**C. BEAUPORT GLOUCESTER**

Full Name (Last, First, Middle Initial)

Mailing Address 47 COMMERCIAL ST

City GLOUCESTER State MA Zip Code 01930

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8028

Amount of Each Disbursement this Period: 8.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 627.32

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BEAUPORT GLOUCESTER</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016	
Mailing Address 47 COMMERCIAL ST			
City GLOUCESTER	State MA	Zip Code 01930	
Purpose of Disbursement PARKING SERVICES		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Transaction ID : <b>SB21B.8029</b> Amount of Each Disbursement this Period 42.33	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BEAUPORT GLOUCESTER</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016	
Mailing Address 47 COMMERCIAL ST			
City GLOUCESTER	State MA	Zip Code 01930	
Purpose of Disbursement FACILITY RENTAL/CATERING		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Transaction ID : <b>SB21B.8030</b> Amount of Each Disbursement this Period 446.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BEAUPORT GLOUCESTER</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2016	
Mailing Address 47 COMMERCIAL ST			
City GLOUCESTER	State MA	Zip Code 01930	
Purpose of Disbursement FACILITY RENTAL/CATERING		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Transaction ID : <b>SB21B.8031</b> Amount of Each Disbursement this Period 4026.82	
		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4515.15
<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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BENTLEY UNIVERSITY</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2016
Mailing Address 175 FOREST STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8033</b> Amount of Each Disbursement this Period [REDACTED] 275.00
City WALTHAM	State MA	
Zip Code 02452	Purpose of Disbursement FACILITY RENTAL	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BJ'S WHOLESALE CLUB, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2016
Mailing Address 25 RESEARCH DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8034</b> Amount of Each Disbursement this Period [REDACTED] 294.17
City WESTBOROUGH	State MA	
Zip Code 01581	Purpose of Disbursement OFFICE SUPPLIES	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BJ'S WHOLESALE CLUB, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address 25 RESEARCH DRIVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8035</b> Amount of Each Disbursement this Period [REDACTED] 359.16
City WESTBOROUGH	State MA	
Zip Code 01581	Purpose of Disbursement OFFICE SUPPLIES	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

[REDACTED] 928.33

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

[REDACTED]



**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BJ'S WHOLESALE CLUB, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 25 RESEARCH DRIVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8036</b> Amount of Each Disbursement this Period [ ] 179.56
City WESTBOROUGH	State MA	Zip Code 01581
Purpose of Disbursement OFFICE SUPPLIES		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BLACK CAT TAVERN</b>		Date of Disbursement MM / DD / YYYY 09 / 02 / 2016
Mailing Address 165 OCEAN STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8038</b> Amount of Each Disbursement this Period [ ] 211.90
City HYANNIS	State MA	Zip Code 02601
Purpose of Disbursement MEETING EXPENSE: MEALS		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BOSTON HARBOR HOTEL</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 70 ROWES WHARF		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8040</b> Amount of Each Disbursement this Period [ ] 987.92
City BOSTON	State MA	Zip Code 02110
Purpose of Disbursement FACILITY RENTAL/CATERING		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1379.38
<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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8041

Amount of Each Disbursement this Period

[REDACTED] 8.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8042

Amount of Each Disbursement this Period

[REDACTED] 13.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8043

Amount of Each Disbursement this Period

[REDACTED] 11.70

Memo Item

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

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

[REDACTED] 33.55

[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8044  
Amount of Each Disbursement this Period  
24.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8045  
Amount of Each Disbursement this Period  
12.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8046  
Amount of Each Disbursement this Period  
8.40

Memo Item

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

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

45.40

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8047  
Amount of Each Disbursement this Period  
12.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8048  
Amount of Each Disbursement this Period  
8.91

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8049  
Amount of Each Disbursement this Period  
39.75

Memo Item

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

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

60.86

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8050

Amount of Each Disbursement this Period

33.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8051

Amount of Each Disbursement this Period

9.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8052

Amount of Each Disbursement this Period

12.40

Memo Item

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

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

55.05

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City  
LONG ISLAND CITY

State  
NY

Zip Code  
11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8053

Amount of Each Disbursement this Period

[ ] 23.15

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City  
LONG ISLAND CITY

State  
NY

Zip Code  
11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8054

Amount of Each Disbursement this Period

[ ] 11.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City  
LONG ISLAND CITY

State  
NY

Zip Code  
11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8055

Amount of Each Disbursement this Period

[ ] 12.75

Memo Item

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

[ ] 47.70

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8056

Amount of Each Disbursement this Period

[ ] 44.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8057

Amount of Each Disbursement this Period

[ ] 13.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8058

Amount of Each Disbursement this Period

[ ] 14.75

Memo Item

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

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

[ ] 72.65

[ ]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.8059**  
Amount of Each Disbursement this Period  
33.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.8060**  
Amount of Each Disbursement this Period  
12.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.8061**  
Amount of Each Disbursement this Period  
11.20

Memo Item

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

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

57.30



**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8062  
Amount of Each Disbursement this Period  
9.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8063  
Amount of Each Disbursement this Period  
16.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8064  
Amount of Each Disbursement this Period  
7.40

Memo Item

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

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

32.65

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8065  
Amount of Each Disbursement this Period  
10.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8066  
Amount of Each Disbursement this Period  
18.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8067  
Amount of Each Disbursement this Period  
25.55

Memo Item

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

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

54.15

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8068  
Amount of Each Disbursement this Period  
9.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8069  
Amount of Each Disbursement this Period  
49.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. CARRIE NATION COCKTAIL CLUB**

Mailing Address 11 BEACON STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8072  
Amount of Each Disbursement this Period  
70.78

Memo Item

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

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

129.88

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CARRIE NATION COCKTAIL CLUB**

Mailing Address 11 BEACON STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8073

Amount of Each Disbursement this Period

53.94

Memo Item

Full Name (Last, First, Middle Initial)

**B. CARRIE NATION COCKTAIL CLUB**

Mailing Address 11 BEACON STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8074

Amount of Each Disbursement this Period

343.55

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8076

Amount of Each Disbursement this Period

20.00

Memo Item

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

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

417.49

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8077</b> Amount of Each Disbursement this Period [REDACTED] 20.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 1445-A LAUGHLIN AVENUE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8078</b> Amount of Each Disbursement this Period [REDACTED] 12.00
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DAVIO'S</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 55 BOYLSTON STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8090</b> Amount of Each Disbursement this Period [REDACTED] 73.53
City CHESTNUT HILL	State MA	Zip Code 02467
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 105.53

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

[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DEL FRISCO'S STEAKHOUSE</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address 250 NORTHERN AVE		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8091</b> Amount of Each Disbursement this Period [REDACTED] 601.81
City BOSTON	State MA	Zip Code 02210
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DRUMMOND, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address 329 BEACON ST UNIT 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8086</b> Amount of Each Disbursement this Period [REDACTED] 73.10
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRY		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DRUMMOND, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2016
Mailing Address 329 BEACON ST UNIT 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8087</b> Amount of Each Disbursement this Period [REDACTED] 5000.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5674.91
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DRUMMOND, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 329 BEACON ST UNIT 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8088</b>	
City BOSTON	State MA	Zip Code 02116	Amount of Each Disbursement this Period [REDACTED] 1000.00
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type [REDACTED]	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>B. DRUMMOND, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 329 BEACON ST UNIT 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8089</b>	
City BOSTON	State MA	Zip Code 02116	Amount of Each Disbursement this Period [REDACTED] 99.93
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRY		Category/Type [REDACTED]	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>C. DUNKIN' DONUTS</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2016	
Mailing Address 509 CAMBRIDGE STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8095</b>	
City ALLSTON	State MA	Zip Code 02134	Amount of Each Disbursement this Period [REDACTED] 54.58
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/Type [REDACTED]	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

[REDACTED] 1154.51
[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DUNKIN' DONUTS**

Mailing Address 509 CAMBRIDGE STREET

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8096  
Amount of Each Disbursement this Period  
67.38

Memo Item

Full Name (Last, First, Middle Initial)

**B. DUNKIN DONUTS**

Mailing Address 301 CONGRESS ST

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8094  
Amount of Each Disbursement this Period  
55.65

Memo Item

Full Name (Last, First, Middle Initial)

**C. EASTPORT PARK**

Mailing Address EASTPORT PARK

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8098  
Amount of Each Disbursement this Period  
750.00

Memo Item

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

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

873.03



**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. EXXONMOBIL**

Mailing Address 5959 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8099  
Amount of Each Disbursement this Period  
56.39

Memo Item

Full Name (Last, First, Middle Initial)

**B. EXXONMOBIL**

Mailing Address 5959 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8100  
Amount of Each Disbursement this Period  
64.17

Memo Item

Full Name (Last, First, Middle Initial)

**C. EXXONMOBIL**

Mailing Address 5959 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8101  
Amount of Each Disbursement this Period  
69.44

Memo Item

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

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

190.00

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8104

Amount of Each Disbursement this Period

[ ] 14.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8105

Amount of Each Disbursement this Period

[ ] 32.86

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8106

Amount of Each Disbursement this Period

[ ] 7.20

Memo Item

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

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

[ ] 54.81

[ ]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8107  
Amount of Each Disbursement this Period  
12.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8108  
Amount of Each Disbursement this Period  
51.27

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 10 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8109  
Amount of Each Disbursement this Period  
7.22

Memo Item

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

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

71.20

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8110

Amount of Each Disbursement this Period

126.66

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 12 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8111

Amount of Each Disbursement this Period

80.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8112

Amount of Each Disbursement this Period

77.35

Memo Item

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

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

284.77

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8113

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8114

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8115

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.8116**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.8117**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. FERNCROFT COUNTRY CLUB**

Mailing Address 10 VILLAGE ROAD

City MIDDLETON State MA Zip Code 01949

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.8120**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8123  
Amount of Each Disbursement this Period  
94.11

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8124  
Amount of Each Disbursement this Period  
41.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8125  
Amount of Each Disbursement this Period  
53.00

Memo Item

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

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

188.35

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8126  
Amount of Each Disbursement this Period  
118.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8127  
Amount of Each Disbursement this Period  
168.03

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8128  
Amount of Each Disbursement this Period  
38.00

Memo Item

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

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

324.47



**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8129

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8130

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8131

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FOUR SEASONS</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address 200 BOYLSTON STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8132</b> Amount of Each Disbursement this Period [ ] 53.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement MEETING EXPENSE: MEALS		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FOUR SEASONS</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address 200 BOYLSTON STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8133</b> Amount of Each Disbursement this Period [ ] 100.66
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement MEETING EXPENSE: MEALS		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FOUR SEASONS</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address 200 BOYLSTON STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8134</b> Amount of Each Disbursement this Period [ ] 87.69
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement MEETING EXPENSE: MEALS		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 241.35
<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"/> 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 VICTORY COMMITTEE**

**A. FOUR SEASONS**

Full Name (Last, First, Middle Initial)

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8135

Amount of Each Disbursement this Period: 25.00

Memo Item

**B. FOUR SEASONS**

Full Name (Last, First, Middle Initial)

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8136

Amount of Each Disbursement this Period: 53.00

Memo Item

**C. FOUR SEASONS**

Full Name (Last, First, Middle Initial)

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8137

Amount of Each Disbursement this Period: 56.01

Memo Item

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

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

134.01

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8138

Amount of Each Disbursement this Period

191.57

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8139

Amount of Each Disbursement this Period

53.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8140

Amount of Each Disbursement this Period

145.91

Memo Item

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

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

390.48

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GARAGE AT 100 CLARENDON</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8141</b> Amount of Each Disbursement this Period [ ] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. GARAGE AT 100 CLARENDON</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8142</b> Amount of Each Disbursement this Period [ ] 70.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GARAGE AT 100 CLARENDON</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8143</b> Amount of Each Disbursement this Period [ ] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		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:	<input type="checkbox"/> Memo Item	

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

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

[ ] 138.00
[ ]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GARAGE AT 100 CLARENDON</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8144</b> Amount of Each Disbursement this Period [ ] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. GARAGE AT 100 CLARENDON</b>		Date of Disbursement MM / DD / YYYY 08 / 18 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8145</b> Amount of Each Disbursement this Period [ ] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GARAGE AT 100 CLARENDON</b>		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8146</b> Amount of Each Disbursement this Period [ ] 36.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 104.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GARAGE AT 100 CLARENDON</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8147</b> Amount of Each Disbursement this Period [ ] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. GULF OIL</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address 195 MARKET STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8149</b> Amount of Each Disbursement this Period [ ] 39.18
City BRIGHTON	State MA	Zip Code 02135
Purpose of Disbursement TRAVEL: FUEL		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GULF OIL</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2016
Mailing Address 195 MARKET STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8150</b> Amount of Each Disbursement this Period [ ] 41.75
City BRIGHTON	State MA	Zip Code 02135
Purpose of Disbursement TRAVEL: FUEL		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 114.93
<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"/> 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 VICTORY COMMITTEE**

**A. HAMPSHIRE HOUSE**

Full Name (Last, First, Middle Initial)

Mailing Address 84 BEACON STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8151

Amount of Each Disbursement this Period: 674.91

Memo Item

**B. HILLSTONE**

Full Name (Last, First, Middle Initial)

Mailing Address 60 STATE ST

City BOSTON State MA Zip Code 02109

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8152

Amount of Each Disbursement this Period: 52.27

Memo Item

**C. HILLSTONE**

Full Name (Last, First, Middle Initial)

Mailing Address 60 STATE ST

City BOSTON State MA Zip Code 02109

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8153

Amount of Each Disbursement this Period: 48.66

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 775.84

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HILLSTONE**

Mailing Address 60 STATE ST

City BOSTON State MA Zip Code 02109

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8154  
Amount of Each Disbursement this Period

[ ] 71.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. HYANNIS GOLF COURSE**

Mailing Address 1840 IYANNOUGH ROAD #2

City HYANNIS State MA Zip Code 02601

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8156  
Amount of Each Disbursement this Period

[ ] 582.45

Memo Item

Full Name (Last, First, Middle Initial)

**C. HYATT HOTELS**

Mailing Address 101 HARBORSIDE DRIVE

City BOSTON State MA Zip Code 02128

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8157  
Amount of Each Disbursement this Period

[ ] 338.83

Memo Item

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

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

[ ] 993.20

[ ]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KC STRATEGIES**

Mailing Address 4 CHARLOTTE DRIVE

City ANDOVER State MA Zip Code 01810

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.8164**  
Amount of Each Disbursement this Period  
2600.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LAZ PARKING, INC.**

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.8165**  
Amount of Each Disbursement this Period  
22.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LAZ PARKING, INC.**

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.8166**  
Amount of Each Disbursement this Period  
28.00

Memo Item

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

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

2650.00

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LAZ PARKING, INC.**

Mailing Address 15 LEWIS STREET

City  
HARTFORD

State  
CT

Zip Code  
06103

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.8167**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. LAZ PARKING, INC.**

Mailing Address 15 LEWIS STREET

City  
HARTFORD

State  
CT

Zip Code  
06103

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.8168**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. LAZ PARKING, INC.**

Mailing Address 15 LEWIS STREET

City  
HARTFORD

State  
CT

Zip Code  
06103

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.8169**  
Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City  
HARTFORD

State  
CT

Zip Code  
06103

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8170

Amount of Each Disbursement this Period

[REDACTED] 50.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. LEGAL HARBORSIDE

Mailing Address 270 NORTHERN AVENUE

City  
BOSTON

State  
MA

Zip Code  
02210

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8171

Amount of Each Disbursement this Period

[REDACTED] 109.77

Memo Item

Full Name (Last, First, Middle Initial)

### C. LEGAL SEA FOODS

Mailing Address 75 MIDDLESEX TURNPIKE

City  
BURLINGTON

State  
MA

Zip Code  
01803

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	6

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8172

Amount of Each Disbursement this Period

[REDACTED] 56.22

Memo Item

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

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

[REDACTED] 215.99

[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MARE**

Mailing Address 3 MECHANIC STREET

City BOSTON State MA Zip Code 02113

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8191  
Amount of Each Disbursement this Period  
275.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. MOOO**

Mailing Address 15 BEACON ST

City BOSTON State MA Zip Code 02180

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8202  
Amount of Each Disbursement this Period  
60.66

Memo Item

Full Name (Last, First, Middle Initial)

**C. NANTUCKET ACCOMODATIONS**

Mailing Address 1 MACY'S LANE  
SUITE E1

City NANTUCKET State MA Zip Code 02554

Purpose of Disbursement  
TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8204  
Amount of Each Disbursement this Period  
556.27

Memo Item

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

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

892.68

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PALM RESTAURANT**

Mailing Address 1 INTERNATIONAL PLACE

City BOSTON State MA Zip Code 02110

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8210

Amount of Each Disbursement this Period

[REDACTED] 65.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. POST 390**

Mailing Address 406 STUART STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8217

Amount of Each Disbursement this Period

[REDACTED] 69.05

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8222

Amount of Each Disbursement this Period

[REDACTED] 3007.03

Memo Item

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

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

[REDACTED] 3141.64

[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>			Date of Disbursement MM / DD / YYYY 08 / 12 / 2016	
Mailing Address 138 CONANT STREET 2ND FLOOR			FEC Identification Number C [ ] <b>Transaction ID : SB21B.8223</b> Amount of Each Disbursement this Period [ ] 52.11	
City BEVERLY	State MA	Zip Code 01915	Memo Item <input type="checkbox"/>	
Purpose of Disbursement DELIVERY SERVICES		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:				

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>			Date of Disbursement MM / DD / YYYY 08 / 31 / 2016	
Mailing Address 138 CONANT STREET 2ND FLOOR			FEC Identification Number C [ ] <b>Transaction ID : SB21B.8224</b> Amount of Each Disbursement this Period [ ] 3091.75	
City BEVERLY	State MA	Zip Code 01915	Memo Item <input type="checkbox"/>	
Purpose of Disbursement COMPLIANCE CONSULTING		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:				

Full Name (Last, First, Middle Initial) <b>C. RESIDENCE INN BOSTON</b>			Date of Disbursement MM / DD / YYYY 09 / 19 / 2016	
Mailing Address 370 CONGRESS STREET			FEC Identification Number C [ ] <b>Transaction ID : SB21B.8230</b> Amount of Each Disbursement this Period [ ] 456.65	
City BOSTON	State MA	Zip Code 02210	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FACILITY RENTAL/CATERING		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>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 3600.51
<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"/> 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 VICTORY COMMITTEE**

**A. RUTH'S CHRIS STEAK HOUSE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 45 SCHOOL STREET  
OLD CITY HALL

M M M	/	D D D	/	Y Y Y Y Y
07		29		2016

City BOSTON State MA Zip Code 02108

FEC Identification Number

Purpose of Disbursement  
FACILITY RENTAL/CATERING

C
---

**Transaction ID : SB21B.8234**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2064.83
---------

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

**B. SALESFORCE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1 MARKET  
STE 300

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

City SAN FRANCISCO State CA Zip Code 94105

FEC Identification Number

Purpose of Disbursement  
SOFTWARE

C
---

**Transaction ID : SB21B.8237**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

749.25
--------

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

**C. SHELL**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 2463

M M M	/	D D D	/	Y Y Y Y Y
07		01		2016

City HOUSTON State TX Zip Code 77252

FEC Identification Number

Purpose of Disbursement  
TRAVEL: FUEL

C
---

**Transaction ID : SB21B.8241**  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

52.20
-------

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

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

2866.28
---------

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

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**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SHELL**

Mailing Address P.O. BOX 2463

City  
HOUSTON

State  
TX

Zip Code  
77252

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	6			2	0	1	6		

FEC Identification Number

**C**

**Transaction ID : SB21B.8242**

Amount of Each Disbursement this Period

44.48

Memo Item

Full Name (Last, First, Middle Initial)

**B. SHELL**

Mailing Address P.O. BOX 2463

City  
HOUSTON

State  
TX

Zip Code  
77252

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	4			2	0	1	6		

FEC Identification Number

**C**

**Transaction ID : SB21B.8243**

Amount of Each Disbursement this Period

41.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. SHELL**

Mailing Address P.O. BOX 2463

City  
HOUSTON

State  
TX

Zip Code  
77252

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

**C**

**Transaction ID : SB21B.8244**

Amount of Each Disbursement this Period

27.38

Memo Item

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

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

113.42

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8245  
Amount of Each Disbursement this Period  
41.81

Memo Item

Full Name (Last, First, Middle Initial)

**B. SHELL OIL**

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8246  
Amount of Each Disbursement this Period  
62.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. SHELL OIL**

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8247  
Amount of Each Disbursement this Period  
72.26

Memo Item

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

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

176.87

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8248  
Amount of Each Disbursement this Period  
25.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. SMITH & WOLLENSKY**

Mailing Address 101 ARLINGTON ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8249  
Amount of Each Disbursement this Period  
103.73

Memo Item

Full Name (Last, First, Middle Initial)

**C. SPEEDWAY**

Mailing Address 874 DORCHESTER AVE

City BOSTON State MA Zip Code 02125

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8251  
Amount of Each Disbursement this Period  
59.81

Memo Item

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

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

189.44

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.8255**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.8256**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.8257**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8258  
Amount of Each Disbursement this Period  
163.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8259  
Amount of Each Disbursement this Period  
604.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8260  
Amount of Each Disbursement this Period  
652.56

Memo Item

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

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

1421.39

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8261

Amount of Each Disbursement this Period

495.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 20 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8262

Amount of Each Disbursement this Period

687.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8263

Amount of Each Disbursement this Period

652.43

Memo Item

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

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

1835.79

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TAJ BOSTON**

Mailing Address 15 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8266  
Amount of Each Disbursement this Period  
30.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 05 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8268  
Amount of Each Disbursement this Period  
96.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8269  
Amount of Each Disbursement this Period  
16.00

Memo Item

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

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

142.25

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 11 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8270  
Amount of Each Disbursement this Period  
68.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8271  
Amount of Each Disbursement this Period  
16.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8272  
Amount of Each Disbursement this Period  
189.08

Memo Item

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

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

273.79



**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8273  
Amount of Each Disbursement this Period  
51.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8274  
Amount of Each Disbursement this Period  
16.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE LANGHAM**

Mailing Address 250 FRANKLIN STREET

City BOSTON State MA Zip Code 02110

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 29 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8275  
Amount of Each Disbursement this Period  
68.71

Memo Item

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

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

135.71

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE LENOX**

Mailing Address 61 EXETER STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8276

Amount of Each Disbursement this Period

[REDACTED] 18.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE OCEAN HOUSE**

Mailing Address 425 OLD WHARF ROAD

City DENNIS PORT State MA Zip Code 02639

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8278

Amount of Each Disbursement this Period

[REDACTED] 247.81

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE OCEAN HOUSE**

Mailing Address 425 OLD WHARF ROAD

City DENNIS PORT State MA Zip Code 02639

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8279

Amount of Each Disbursement this Period

[REDACTED] 154.03

Memo Item

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

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

[REDACTED] 419.84

[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE RIDGE CLUB**

Mailing Address 70 COUNTRY CLUB ROAD

City SANDWHICH State MA Zip Code 02563

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8281  
Amount of Each Disbursement this Period  
433.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE RIDGE CLUB**

Mailing Address 70 COUNTRY CLUB ROAD

City SANDWHICH State MA Zip Code 02563

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8282  
Amount of Each Disbursement this Period  
552.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE RIDGE CLUB**

Mailing Address 70 COUNTRY CLUB ROAD

City SANDWHICH State MA Zip Code 02563

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8283  
Amount of Each Disbursement this Period  
426.65

Memo Item

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

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

1412.43

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE RIDGE CLUB**

Mailing Address 70 COUNTRY CLUB ROAD

City SANDWHICH State MA Zip Code 02563

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8284

Amount of Each Disbursement this Period

562.64

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8290

Amount of Each Disbursement this Period

6.55

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8291

Amount of Each Disbursement this Period

8.27

Memo Item

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

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

577.46

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8292</b>
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Amount of Each Disbursement this Period [ ] 16.16
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8293</b>
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Amount of Each Disbursement this Period [ ] 16.57
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8294</b>
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Amount of Each Disbursement this Period [ ] 18.39
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

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

51.12

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8295</b> Amount of Each Disbursement this Period [REDACTED] 23.34	
City BOSTON	State MA	Zip Code 02114	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: TAXI		Candidate Name	
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:			

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8296</b> Amount of Each Disbursement this Period [REDACTED] 25.91	
City BOSTON	State MA	Zip Code 02114	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: TAXI		Candidate Name	
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:			

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8297</b> Amount of Each Disbursement this Period [REDACTED] 15.00	
City BOSTON	State MA	Zip Code 02114	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: TAXI		Candidate Name	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 64.25
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8298</b>
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Amount of Each Disbursement this Period [REDACTED] 7.33
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8299</b>
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Amount of Each Disbursement this Period [REDACTED] 8.52
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8300</b>
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Amount of Each Disbursement this Period [REDACTED] 9.00
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 24.85
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# 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"/> 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 VICTORY COMMITTEE**

**A. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8301

Amount of Each Disbursement this Period: 8.20

Memo Item

**B. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8302

Amount of Each Disbursement this Period: 9.09

Memo Item

**C. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8303

Amount of Each Disbursement this Period: 9.77

Memo Item

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

27.06

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8304</b> Amount of Each Disbursement this Period [REDACTED] 8.17
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8305</b> Amount of Each Disbursement this Period [REDACTED] 17.10
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8306</b> Amount of Each Disbursement this Period [REDACTED] 7.69
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

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

32.96

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 VICTORY COMMITTEE**

**A. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8307

Amount of Each Disbursement this Period: 7.72

Memo Item

**B. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8308

Amount of Each Disbursement this Period: 10.51

Memo Item

**C. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8309

Amount of Each Disbursement this Period: 26.19

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 44.42

**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"/> 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 VICTORY COMMITTEE**

**A. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8310

Amount of Each Disbursement this Period: 48.20

Memo Item

**B. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8341

Amount of Each Disbursement this Period: 73.10

Memo Item

**C. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8311

Amount of Each Disbursement this Period: 23.34

Memo Item

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

71.54

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8312</b> Amount of Each Disbursement this Period [REDACTED] 6.15	
City BOSTON	State MA	Zip Code 02114	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: TAXI		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8313</b> Amount of Each Disbursement this Period [REDACTED] 7.85	
City BOSTON	State MA	Zip Code 02114	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: TAXI		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 07 / 27 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8314</b> Amount of Each Disbursement this Period [REDACTED] 9.03	
City BOSTON	State MA	Zip Code 02114	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: TAXI		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 23.03
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8315</b> Amount of Each Disbursement this Period [ ] 6.66	
City BOSTON	State MA	Zip Code 02114	Category/ Type [ ]
Purpose of Disbursement TRAVEL: TAXI			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8316</b> Amount of Each Disbursement this Period [ ] 7.39	
City BOSTON	State MA	Zip Code 02114	Category/ Type [ ]
Purpose of Disbursement TRAVEL: TAXI			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8317</b> Amount of Each Disbursement this Period [ ] 21.58	
City BOSTON	State MA	Zip Code 02114	Category/ Type [ ]
Purpose of Disbursement TRAVEL: TAXI			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 35.63
<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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8318</b> Amount of Each Disbursement this Period [ ] 6.15	
City BOSTON	State MA	Zip Code 02114	Category/ Type [ ]
Purpose of Disbursement TRAVEL: TAXI		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8319</b> Amount of Each Disbursement this Period [ ] 50.16	
City BOSTON	State MA	Zip Code 02114	Category/ Type [ ]
Purpose of Disbursement TRAVEL: TAXI		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8320</b> Amount of Each Disbursement this Period [ ] 6.49	
City BOSTON	State MA	Zip Code 02114	Category/ Type [ ]
Purpose of Disbursement TRAVEL: TAXI		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

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

[ ] 62.80
[ ]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8321</b> Amount of Each Disbursement this Period [REDACTED] 8.21
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8322</b> Amount of Each Disbursement this Period [REDACTED] 20.39
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8323</b> Amount of Each Disbursement this Period [REDACTED] 21.26
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

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

49.86

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8324</b> Amount of Each Disbursement this Period [ ] 15.00
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8325</b> Amount of Each Disbursement this Period [ ] 6.15
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8326</b> Amount of Each Disbursement this Period [ ] 7.75
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 28.90
<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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8327</b> Amount of Each Disbursement this Period [ ] 7.90
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: TAXI		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8340</b> Amount of Each Disbursement this Period [ ] 6.15
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement DICKERMAN REIMBRUSEMENT: TRAVEL: TAXI		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2016
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8342</b> Amount of Each Disbursement this Period [ ] 99.93
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement DRUMMOND REIMBURSEMENT: TRAVEL: TAXI		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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 7.90
<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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. VANESSA NOEL HOTEL</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 5 CHESTNUT STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8331</b> Amount of Each Disbursement this Period [ ] 1072.32
City NANTUCKET	State MA	Zip Code 02554
Purpose of Disbursement FACILITY RENTAL/CATERING		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2016
Mailing Address 15505 SAND CANYON AVENUE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8332</b> Amount of Each Disbursement this Period [ ] 1370.72
City IRVINE	State CA	Zip Code 92618
Purpose of Disbursement MOBILE PHONE EXPENSE		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. VPNE PARKING</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 12 DRYDOCK AVE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8333</b> Amount of Each Disbursement this Period [ ] 78.00
City BOSTON	State MA	Zip Code 02210
Purpose of Disbursement PARKING SERVICES		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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2521.04
<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"/> 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 VICTORY COMMITTEE**

**A. WHITE'S OF WESTPORT**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 248

City WESTPORT State MA Zip Code 02790

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8336

Amount of Each Disbursement this Period: 4749.90

Memo Item

**B. WINSTON FLOWERS**

Full Name (Last, First, Middle Initial)

Mailing Address 160 SOUTHAMPTON ST

City BOSTON State MA Zip Code 02118

Purpose of Disbursement FLORAL EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8337

Amount of Each Disbursement this Period: 83.98

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4833.88
<b>TOTAL</b> This Period (last page this line number only).....▶	53582.18

**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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MASSACHUSETTS REPUBLICAN PARTY**

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 25 / 2016

FEC Identification Number

C

Transaction ID : SB22.8194

Amount of Each Disbursement this Period

45330.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. MASSACHUSETTS REPUBLICAN PARTY**

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 29 / 2016

FEC Identification Number

C

Transaction ID : SB22.8195

Amount of Each Disbursement this Period

39797.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. MASSACHUSETTS REPUBLICAN PARTY**

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 27 / 2016

FEC Identification Number

C

Transaction ID : SB22.8196

Amount of Each Disbursement this Period

33285.56

Memo Item

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

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

118413.76

# 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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<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 VICTORY COMMITTEE**

**A. REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement TRANSFER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2016

FEC Identification Number: C

Transaction ID : SB22.8227

Amount of Each Disbursement this Period: 30317.95

Memo Item

**B. REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement TRANSFER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB22.8228

Amount of Each Disbursement this Period: 19373.89

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	49691.84
<b>TOTAL</b> This Period (last page this line number only).....▶	168105.60