

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Massachusetts Republican State Congressional Committee

ADDRESS (number and street) 85 Merrimac St.
 Suite 400
 Boston MA 02114

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00042622

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

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

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

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

Election on _____ in the State of _____

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

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

Election on _____ in the State of _____

5. Covering Period 08 01 2011 through 08 31 2011

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

Type or Print Name of Treasurer Brent Anderson

Signature of Treasurer Electronically Filed by Brent Anderson Date 09 12 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		115852.05
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	-6966.13									
(c) Total Receipts (from Line 19)	60126.78	349319.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53160.65	465171.76								
7. Total Disbursements (from Line 31)	60880.20	472891.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-7719.55	-7719.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	46172.78	204384.77
(ii) Unitemized	12954.00	136129.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	59126.78	340514.71
(b) Political Party Committees	1000.00	2400.00
(c) Other Political Committees (such as PACs)	0.00	6405.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	60126.78	349319.71
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	60126.78	349319.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	60126.78	349319.71

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	60880.20	472891.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	60880.20	472891.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	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))..	60880.20	472891.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60880.20	472891.31

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	60126.78	349319.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60126.78	349319.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	60880.20	472891.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	60880.20	472891.31

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 / 38
	<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 Republican State Congressional Committee

A.	Full Name (Last, First, Middle Initial) HARVEY BINES	Date of Receipt MM / DD / YYYY 08 / 25 / 2011
	Mailing Address 36 CLARKE ST	Transaction ID: SA11.186424
	City State Zip Code LEXINGTON MA 02421-4916	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SULLIVAN & WORCESTER LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) YVONNE BOYLE	Date of Receipt MM / DD / YYYY 08 / 26 / 2011
	Mailing Address 264 BUNKER HILL ST	Transaction ID: SA11.186427
	City State Zip Code BOSTON MA 02129-1829	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation PARK STREET CAPITAL OFFICE MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MR. NELSON BURBANK	Date of Receipt MM / DD / YYYY 08 / 22 / 2011
	Mailing Address 24 JUNIPER CIR	Transaction ID: SA11.186346
	City State Zip Code READING MA 01867-1836	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 38
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
WALTER CONWAY

Mailing Address 16 ORIENT PL

City MELROSE State MA Zip Code 02176-3211

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

Name of Employer TRACK ON EQUIPMENT Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 08 / 10 / 2011

Transaction ID: SA11.186217

Amount of Each Receipt this Period 75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JOAN CRAWFORD

Mailing Address 207 PARK ST

City NORTH READING State MA Zip Code 01864-2306

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 15 / 2011

Transaction ID: SA11.186230

Amount of Each Receipt this Period 100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DAVID GANZ

Mailing Address 77 WELLESLEY RD

City BELMONT State MA Zip Code 02478-2123

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 09 / 2011

Transaction ID: SA11.186211

Amount of Each Receipt this Period 220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **395.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MERLE GREEN, JR.	Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 4 MOUNT LEBANON ST	Transaction ID: SA11.186334
	City State Zip Code PEPPERELL MA 01463-1269	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF EMPLOYED Occupation RETAIL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) WILLIAM K. HOSKINS	Date of Receipt MM / DD / YYYY 08 / 09 / 2011
	Mailing Address 79 RACHELS WAY	Transaction ID: SA11.186200
	City State Zip Code VINEYARD HAVEN MA 02568-6544	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer HOSKINS & ASSOC. Occupation EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) STEPHEN JEFFRIES	Date of Receipt MM / DD / YYYY 08 / 01 / 2011
	Mailing Address 12 BRIMMER ST	Transaction ID: SA11.186083
	City State Zip Code BOSTON MA 02108-1002	Amount of Each Receipt this Period 277.78
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer S.B. JEFFRIES CONSULTANTS Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1388.90	

SUBTOTAL of Receipts This Page (optional)	977.78
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 38

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR. RONALD C. KAUFMAN

Mailing Address 250 BEACON ST
UNIT 2

City State Zip Code
BOSTON MA 02116-1203

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

Name of Employer Occupation
THE DUTKO GROUP CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2075.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2011

Transaction ID: SA11.186345

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
GEORGE A. MAGAN

Mailing Address 45 STEPHEN ST

City State Zip Code
NEW BEDFORD MA 02740-1223

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2011

Transaction ID: SA11.186098

Amount of Each Receipt this Period
275.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
HOLT MASSEY

Mailing Address 85 MERRIMAC ST

City State Zip Code
BOSTON MA 02114-4728

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

Name of Employer Occupation
MASSEY & CO., LLC EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2011

Transaction ID: SA11.186446

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

15775.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS. KATHARINE E. MERCK

Mailing Address 1010 WALTHAM ST
DO NOT MAIL

City State Zip Code
LEXINGTON MA 02421-8044

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 29 / 2011

Transaction ID: SA11.186437

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD MONAGHAN

Mailing Address 2 ALEXANDRA WAY

City State Zip Code
HINGHAM MA 02043-1952

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2011

Transaction ID: SA11.186448

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARSHALL P. MORSE

Mailing Address 990 N WOODSTOCK RD

City State Zip Code
SOUTHBRIDGE MA 01550-2924

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

Name of Employer Occupation
MORSE LUMBER INC LUMBER MAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2011

Transaction ID: SA11.186460

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 15500.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR. FREDERICK MUZI

Mailing Address 10 POWISSET ST

City DOVER State MA Zip Code 02030-1601

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 08 / 25 / 2011
Transaction ID: SA11.186412
 Amount of Each Receipt this Period 6000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL PRISCO

Mailing Address 12 BISHOPS WAY

City NORTH READING State MA Zip Code 01864-1923

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

Name of Employer SELF EMPLOYED Occupation HEALTH AND FITNESS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2011
Transaction ID: SA11.186426
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALFRED ROSSOW

Mailing Address 105 KODIAK WAY #2211

City WALTHAM State MA Zip Code 02451-0258

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

Name of Employer TULLY & HOLLAND, INC. Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2011
Transaction ID: SA11.186170
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 6600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 38
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)
DIANNA SMITH

Mailing Address 94 NEWBURY AVE
#314

City QUINCY State MA Zip Code 02171-1958

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

Name of Employer BMC Occupation REGISTERED NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 08 / 19 / 2011

Transaction ID: SA11.186339

Amount of Each Receipt this Period 25.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JAY SUSSMAN

Mailing Address 26 MICHELLE LN
P.O. BOX 225

City RANDOLPH State MA Zip Code 02368-1527

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 16 / 2011

Transaction ID: SA11.186261

Amount of Each Receipt this Period 100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JAMES VINCENT

Mailing Address 7 AUDUBON RD

City WESTON State MA Zip Code 02493-1160

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

Name of Employer RETIRED-BIOGEN Occupation RETIRED- CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 29 / 2011

Transaction ID: SA11.186439

Amount of Each Receipt this Period 5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5125.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
HENRY WEAVER

Mailing Address 37 BASKIN RD

City State Zip Code
LEXINGTON MA 02421-6928

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

Name of Employer Occupation
RETIRED LAWYER

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

Date of Receipt

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

Transaction ID: SA11.186183

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
LINNEA WILLMAN

Mailing Address 237 MAIN ST
APT. A6 DO NOT CALL

City State Zip Code
READING MA 01867-3605

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

Name of Employer Occupation
UNEMPLOYED UNEMPLOYED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 226.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 1

Transaction ID: SA11.186378

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

46172.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 38	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE		Date of Receipt
	Mailing Address 425 2ND ST NE		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	WASHINGTON	DC	20002-4914
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="1000.00"/> CONTRIBUTION	
		Aggregate Year-to-Date ▼ <input type="text" value="2400.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY BUCKLEY	Transaction ID: SB.101
	Mailing Address 55 W BROADWAY #8	Date of Disbursement MM / DD / YYYY 08 / 31 / 2011
	City SOUTH BOSTON State MA Zip Code 02127	Amount of Each Disbursement this Period 1083.01
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIMOTHY BUCKLEY	Transaction ID: SB.92
	Mailing Address 55 W BROADWAY #8	Date of Disbursement MM / DD / YYYY 08 / 03 / 2011
	City SOUTH BOSTON State MA Zip Code 02127	Amount of Each Disbursement this Period 1083.01
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIMOTHY BUCKLEY	Transaction ID: SB.96
	Mailing Address 55 W BROADWAY #8	Date of Disbursement MM / DD / YYYY 08 / 17 / 2011
	City SOUTH BOSTON State MA Zip Code 02127	Amount of Each Disbursement this Period 1083.01
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3249.03
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MATTHEW CASTALDO	Transaction ID: SB.56
	Mailing Address 83 SUMMIT RIDGE	Date of Disbursement 08 / 01 / 2011
	City BRAINTREE State MA Zip Code 02184	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement COMMUNICATIONS CONSULTANT - PARTY ONLY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MATTHEW CASTALDO	Transaction ID: SB.57
	Mailing Address 83 SUMMIT RIDGE	Date of Disbursement 08 / 09 / 2011
	City BRAINTREE State MA Zip Code 02184	Amount of Each Disbursement this Period 157.95
	Purpose of Disbursement REIMBURSEMENT - MILEAGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BOWDOIN SQAURE EXXON	Transaction ID: SB.88
	Mailing Address 239 CAMBRIDGE ST	Date of Disbursement 08 / 09 / 2011
	City BOSTON State MA Zip Code 02114	Amount of Each Disbursement this Period 157.95
	Purpose of Disbursement MILEAGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1315.90
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MATTHEW CASTALDO <hr/> Mailing Address 83 SUMMIT RIDGE <hr/> City BRAINTREE State MA Zip Code 02184 <hr/> Purpose of Disbursement REIMBURSEMENT - MILEAGE <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.58 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	9		2	0	1	1														
		Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">343.65</td> </tr> </table>	343.65																				
343.65																							
B.	Full Name (Last, First, Middle Initial) BOWDOIN SQAURE EXXON <hr/> Mailing Address 239 CAMBRIDGE ST <hr/> City BOSTON State MA Zip Code 02114 <hr/> Purpose of Disbursement MILEAGE <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.89 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	9		2	0	1	1														
		Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">343.65</td> </tr> </table>	343.65	X																			
343.65																							
C.	Full Name (Last, First, Middle Initial) MATTHEW CASTALDO <hr/> Mailing Address 83 SUMMIT RIDGE <hr/> City BRAINTREE State MA Zip Code 02184 <hr/> Purpose of Disbursement REIMBURSEMENT - MILEAGE <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.59 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	9		2	0	1	1														
		Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">501.60</td> </tr> </table>	501.60																				
501.60																							

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td style="width: 100%;">1188.90</td></tr></table>	1188.90
1188.90		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td style="width: 100%;"></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 38

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

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

A.	Full Name (Last, First, Middle Initial) BOWDOIN SQAURE EXXON	Transaction ID: SB.90 Date of Disbursement 08 / 09 / 2011	
	Mailing Address 239 CAMBRIDGE ST		
	City BOSTON State MA Zip Code 02114	Amount of Each Disbursement this Period	501.60
	Purpose of Disbursement MILEAGE		
	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) ▼	X
	State: District:		
B.	Full Name (Last, First, Middle Initial) MATTHEW CASTALDO	Transaction ID: SB.60 Date of Disbursement 08 / 24 / 2011	
	Mailing Address 83 SUMMIT RIDGE		
	City BRAINTREE State MA Zip Code 02184	Amount of Each Disbursement this Period	185.50
	Purpose of Disbursement REIMBURSEMENT - MILEAGE		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) BOWDOIN SQAURE EXXON	Transaction ID: SB.91 Date of Disbursement 08 / 24 / 2011	
	Mailing Address 239 CAMBRIDGE ST		
	City BOSTON State MA Zip Code 02114	Amount of Each Disbursement this Period	185.50
	Purpose of Disbursement MILEAGE		
	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) ▼	X
	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

872.60

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 38

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

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

A.	Full Name (Last, First, Middle Initial) AMANDA CODY	Transaction ID: SB.102 Date of Disbursement 08 / 31 / 2011
	Mailing Address 73 ABBOTT AVENUE	Amount of Each Disbursement this Period 940.05
	City EVERETT State MA Zip Code 02149	
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMANDA CODY	Transaction ID: SB.3 Date of Disbursement 08 / 02 / 2011
	Mailing Address 73 ABBOTT AVENUE	Amount of Each Disbursement this Period 25.00
	City EVERETT State MA Zip Code 02149	
	Purpose of Disbursement REIMBURSEMENT - STORAGE KEY REPLACEMENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMANDA CODY	Transaction ID: SB.4 Date of Disbursement 08 / 09 / 2011
	Mailing Address 73 ABBOTT AVENUE	Amount of Each Disbursement this Period 112.66
	City EVERETT State MA Zip Code 02149	
	Purpose of Disbursement REIMBURSEMENT - PHONE AND POSTAGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1077.71
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AMANDA CODY	Transaction ID: SB.97 Date of Disbursement 08 / 17 / 2011
	Mailing Address 73 ABBOTT AVENUE	Amount of Each Disbursement this Period 940.05
	City EVERETT State MA Zip Code 02149	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ANTONY FERRUCCI	Transaction ID: SB.103 Date of Disbursement 08 / 31 / 2011
	Mailing Address 62 DWIGHT STREET, APT 1	Amount of Each Disbursement this Period 916.77
	City BROOKLINE State MA Zip Code 02446	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ANTONY FERRUCCI	Transaction ID: SB.94 Date of Disbursement 08 / 03 / 2011
	Mailing Address 62 DWIGHT STREET, APT 1	Amount of Each Disbursement this Period 916.77
	City BROOKLINE State MA Zip Code 02446	
	Purpose of Disbursement PAYROLL	
	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)	2773.59
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANTONY FERRUCCI	Transaction ID: SB.98
	Mailing Address 62 DWIGHT STREET, APT 1	Date of Disbursement MM / DD / YYYY 08 / 17 / 2011
	City BROOKLINE State MA Zip Code 02446	Amount of Each Disbursement this Period 916.77
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) NATHAN LITTLE	Transaction ID: SB.104
	Mailing Address 83 CONGREVE	Date of Disbursement MM / DD / YYYY 08 / 31 / 2011
	City W ROXBURY State MA Zip Code 02132	Amount of Each Disbursement this Period 2191.73
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) NATHAN LITTLE	Transaction ID: SB.95
	Mailing Address 83 CONGREVE	Date of Disbursement MM / DD / YYYY 08 / 03 / 2011
	City W ROXBURY State MA Zip Code 02132	Amount of Each Disbursement this Period 2191.73
	Purpose of Disbursement PAYROLL	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:	

SUBTOTAL of Disbursements This Page (optional)	5300.23
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) A.I.M. MUTUAL INSURANCE CO.	Transaction ID: SB.1
	Mailing Address P.O. 4070	Date of Disbursement 08 / 02 / 2011
	City BURLINGTON State MA Zip Code 01803-0-97	Amount of Each Disbursement this Period 363.00
	Purpose of Disbursement INSURANCE BILL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) A.I.M. MUTUAL INSURANCE CO.	Transaction ID: SB.2
	Mailing Address P.O. 4070	Date of Disbursement 08 / 02 / 2011
	City BURLINGTON State MA Zip Code 01803-0-97	Amount of Each Disbursement this Period 951.00
	Purpose of Disbursement INSURANCE BILL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.7
	Mailing Address P.O. BOX 1270	Date of Disbursement 08 / 05 / 2011
	City NEWARK State NJ Zip Code 07101--127	Amount of Each Disbursement this Period 30.54
	Purpose of Disbursement CC PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1344.54
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) AUTHORIZE.NET Mailing Address P.O. BOX 8999 City SAN FRANCISCO State CA Zip Code 94128 Purpose of Disbursement CC PROCESSING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.16 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 5.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) AUTHORIZE.NET Mailing Address P.O. BOX 8999 City SAN FRANCISCO State CA Zip Code 94128 Purpose of Disbursement CC PROCESSING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.17 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 20.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) AUTHORIZE.NET Mailing Address P.O. BOX 8999 City SAN FRANCISCO State CA Zip Code 94128 Purpose of Disbursement CC PROCESSING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.18 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 15.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	40.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK	Transaction ID: SB.19
	Mailing Address PO BOX 25118	Date of Disbursement 08 / 01 / 2011
	City TAMPA State FL Zip Code 33622	Amount of Each Disbursement this Period 49.99
	Purpose of Disbursement CC PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK	Transaction ID: SB.20
	Mailing Address PO BOX 25118	Date of Disbursement 08 / 01 / 2011
	City TAMPA State FL Zip Code 33622	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement CC PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK	Transaction ID: SB.21
	Mailing Address PO BOX 25118	Date of Disbursement 08 / 01 / 2011
	City TAMPA State FL Zip Code 33622	Amount of Each Disbursement this Period 74.99
	Purpose of Disbursement CC PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	199.98
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK	Transaction ID: SB.27
	Mailing Address PO BOX 25118	Date of Disbursement MM / DD / YYYY 08 / 17 / 2011
	City TAMPA State FL Zip Code 33622	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement BANK PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BFSDANIELS	Transaction ID: SB.22
	Mailing Address 12 CHANNEL STREET	Date of Disbursement MM / DD / YYYY 08 / 19 / 2011
	City BOSTON State MA Zip Code 02210	Amount of Each Disbursement this Period 196.56
	Purpose of Disbursement EVENT INVITATIONS - PARTY ONLY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BFSDANIELS	Transaction ID: SB.23
	Mailing Address 12 CHANNEL STREET	Date of Disbursement MM / DD / YYYY 08 / 31 / 2011
	City BOSTON State MA Zip Code 02210	Amount of Each Disbursement this Period 1062.50
	Purpose of Disbursement EVENT INVITATIONS - PARTY ONLY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1284.06

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

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

A.	Full Name (Last, First, Middle Initial) BYTEBULB	Transaction ID: SB.24 Date of Disbursement 08 / 16 / 2011
	Mailing Address PO BOX 51896	Amount of Each Disbursement this Period 561.50
	City BOSTON State MA Zip Code 02205	
	Purpose of Disbursement OFFICE EXPENSE - INTRANET	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHARLESTOWN SELF STORAGE	Transaction ID: SB.25 Date of Disbursement 08 / 02 / 2011
	Mailing Address 50 TERMINAL ST.	Amount of Each Disbursement this Period 312.00
	City CHARLESTOWN State MA Zip Code 02129	
	Purpose of Disbursement STORAGE RENTAL COST	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB.26 Date of Disbursement 08 / 12 / 2011
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 950.00
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement COMPUTER SOFTWARE BILL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1823.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.29 Date of Disbursement 08 / 01 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 269.31
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CC PROCESSING FEE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.42 Date of Disbursement 08 / 02 / 2011
	Mailing Address P.O. BOX 371461	Amount of Each Disbursement this Period 49.72
	City PITTSBURGH State PA Zip Code 15250--746	
	Purpose of Disbursement SHIPPING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.43 Date of Disbursement 08 / 09 / 2011
	Mailing Address P.O. BOX 371461	Amount of Each Disbursement this Period 69.24
	City PITTSBURGH State PA Zip Code 15250--746	
	Purpose of Disbursement SHIPPING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	388.27
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.44 Date of Disbursement 08 / 16 / 2011
	Mailing Address P.O. BOX 371461	
	City PITTSBURGH State PA Zip Code 15250--746	Amount of Each Disbursement this Period 34.75
	Purpose of Disbursement SHIPPING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.45 Date of Disbursement 08 / 23 / 2011
	Mailing Address P.O. BOX 371461	
	City PITTSBURGH State PA Zip Code 15250--746	Amount of Each Disbursement this Period 30.15
	Purpose of Disbursement SHIPPING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.46 Date of Disbursement 08 / 26 / 2011
	Mailing Address P.O. BOX 371461	
	City PITTSBURGH State PA Zip Code 15250--746	Amount of Each Disbursement this Period 14.97
	Purpose of Disbursement SHIPPING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	79.87
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FLS CONNECT	Transaction ID: SB.47 Date of Disbursement
	Mailing Address 7300 HUDSON BLVD. STE.270	<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City S. PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement TELEMARKETING	<input type="text" value="88.20"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FLS CONNECT	Transaction ID: SB.48 Date of Disbursement
	Mailing Address 7300 HUDSON BLVD. STE.270	<input type="text" value="08"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
	City S. PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement TELEMARKETING	<input type="text" value="5347.47"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GO DADDY.COM	Transaction ID: SB.49 Date of Disbursement
	Mailing Address 14455 N HAYDEN RD	<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
	City SCOTTSDALE State AZ Zip Code 85260	Amount of Each Disbursement this Period
	Purpose of Disbursement WEBSITE EXPENSE	<input type="text" value="12.17"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5447.84"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GO DADDY.COM	Transaction ID: SB.50 Date of Disbursement 08 / 29 / 2011
	Mailing Address 14455 N HAYDEN RD	Amount of Each Disbursement this Period 12.17
	City SCOTTSDALE State AZ Zip Code 85260	
	Purpose of Disbursement WEBSITE EXPENSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GO DADDY.COM	Transaction ID: SB.51 Date of Disbursement 08 / 30 / 2011
	Mailing Address 14455 N HAYDEN RD	Amount of Each Disbursement this Period 9.17
	City SCOTTSDALE State AZ Zip Code 85260	
	Purpose of Disbursement WEBSITE EXPENSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ICONTACT	Transaction ID: SB.52 Date of Disbursement 08 / 01 / 2011
	Mailing Address 5221 PARAMOUNT PARKWAY	Amount of Each Disbursement this Period 149.00
	City MORRISVILLE State NC Zip Code 27560	
	Purpose of Disbursement SOCIAL MEDIA BILL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

170.34

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) INTUIT QB ONLINE</p> <p>Mailing Address 2700 COAST AVENUE</p> <p>City MOUNTAIN VIEW State CA Zip Code 94943</p> <p>Purpose of Disbursement ACCOUNTING SYSTEM FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.53 Date of Disbursement 08 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 37.13</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) KAUPPI COMMUNICATIONS</p> <p>Mailing Address PO BOX 152</p> <p>City WEST GROTON State MA Zip Code 01472</p> <p>Purpose of Disbursement PUBLIC RELATIONS CONSULTANT - PARTY ONLY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.54 Date of Disbursement 08 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MASSACHUSETTS REPUBLICAN PARTY</p> <p>Mailing Address 85 MERRIMAC ST SUITE 400</p> <p>City BOSTON State MA Zip Code 02114</p> <p>Purpose of Disbursement OVER - CONTRIBUTION HOLT MASSEY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.55 Date of Disbursement 08 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8037.13

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MATTHEW P. KESWICK / KESWICK CONSULTING	Transaction ID: SB.61 Date of Disbursement 08 / 29 / 2011
	Mailing Address 231 VICTORY ROAD	Amount of Each Disbursement this Period 3000.00
	City QUINCY State MA Zip Code 02171	
	Purpose of Disbursement STRATEGY CONSULTING- PARTY ONLY	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) MERCHANTS BANKCARDS	Transaction ID: SB.62 Date of Disbursement 08 / 03 / 2011
	Mailing Address 1700 N DIXIE HIGHWAY	Amount of Each Disbursement this Period 27.45
	City BOCA RATON State FL Zip Code 33432	
	Purpose of Disbursement CC PROCESSING FEE	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) MERCHANTS BANKCARDS	Transaction ID: SB.63 Date of Disbursement 08 / 03 / 2011
	Mailing Address 1700 N DIXIE HIGHWAY	Amount of Each Disbursement this Period 57.45
	City BOCA RATON State FL Zip Code 33432	
	Purpose of Disbursement CC PROCESSING FEE	
	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)	▶	3084.90
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES Mailing Address 117 SOUTH 14TH ST. S City RICHMOND State VA Zip Code 23219 Purpose of Disbursement RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.64 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 4434.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.65 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1865.25 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL SERVICE FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.67 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 41.60 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6340.85
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL SERVICE FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.68 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 45.75 Category/Type

B. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.69 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 3466.33 Category/Type

C. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.72 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 3466.33 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	6978.41
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) STAPLES Mailing Address PO BOX 689020 City DES MOINES State IA Zip Code 50368--902 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.82 Date of Disbursement 08 / 24 / 2011
	Amount of Each Disbursement this Period 188.51

B. Full Name (Last, First, Middle Initial) US POST OFFICE Mailing Address JFK STATION City BOSTON State MA Zip Code 02114 Purpose of Disbursement POSTAGE BILL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.83 Date of Disbursement 08 / 09 / 2011
	Amount of Each Disbursement this Period 16.00

C. Full Name (Last, First, Middle Initial) VERIZON PHONE Mailing Address PO BOX 1100 City ALBANY State NY Zip Code 12250-0000 Purpose of Disbursement PHONE BILL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.84 Date of Disbursement 08 / 09 / 2011
	Amount of Each Disbursement this Period 655.21

SUBTOTAL of Disbursements This Page (optional) ▶	859.72
TOTAL This Period (last page this line number only) ▶	60880.20