

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (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 07 01 2010 through 07 31 2010

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 08 20 2010

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

Office Use Only									
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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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		80412.05
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	758960.01									
(c) Total Receipts (from Line 19)	-92159.50	1911349.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	666800.51	1991761.80								
7. Total Disbursements (from Line 31)	151634.12	1476595.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	515166.39	515166.39								
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)	5660.20									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	-45750.00	956121.50
(ii) Unitemized	-49557.50	53348.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	-95307.50	1009470.38
(b) Political Party Committees	0.00	55.00
(c) Other Political Committees (such as PACs)	0.00	31922.37
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	-95307.50	1041447.75
12. Transfers From Affiliated/Other Party Committees	3148.00	869902.00
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))	-92159.50	1911349.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	-92159.50	1911349.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	102917.05	659369.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	102917.05	659369.07
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	677026.52
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	48717.07	140199.82
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	48717.07	140199.82
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	151634.12	1476595.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	151634.12	1476595.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	-95307.50	1041447.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-95307.50	1041447.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	102917.05	659369.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	102917.05	659369.07

**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 / 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Richard Aldrich		Date of Receipt
	Mailing Address c/o JDJ Resources 31 Milk Street, Suite 401		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Boston	MA	02109
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 00820.C184777
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="-5000.00"/>
			Receipt

B.	Full Name (Last, First, Middle Initial) Ann Blackham		Date of Receipt
	Mailing Address 60 Swan Road		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Winchester	MA	01890
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coldwell Banker		Occupation Real Estate Broker	Transaction ID: 00820.C184751
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="-4000.00"/>
			Receipt

C.	Full Name (Last, First, Middle Initial) Jonathon Bush		Date of Receipt
	Mailing Address 15 Hubbard Park Rd		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cambridge	MA	02138
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Athena Health		Occupation Entrepreneur	Transaction ID: 00820.C184779
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>	<input type="text" value="-5000.00"/>
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="-14000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Cronin
Mailing Address 72 Cliff Rd.
City Weston State MA Zip Code 02493
FEC ID number of contributing federal political committee. **C**
Name of Employer Weston Presidio Occupation Venture Capitalist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 07 / 21 / 2010
Transaction ID: 00820.C184545
Amount of Each Receipt this Period -5000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Theodore Cutler
Mailing Address 33 Commonwealth Ave.
City Boston State MA Zip Code 02116
FEC ID number of contributing federal political committee. **C**
Name of Employer The Interface Group Occupation Travel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 07 / 26 / 2010
Transaction ID: 00820.C184556
Amount of Each Receipt this Period 10000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Theodore Cutler
Mailing Address 33 Commonwealth Ave.
City Boston State MA Zip Code 02116
FEC ID number of contributing federal political committee. **C**
Name of Employer The Interface Group Occupation Travel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 07 / 26 / 2010
Transaction ID: 00820.C184557
Amount of Each Receipt this Period -5000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 0.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Dalton
 Mailing Address 1157 Hancock St.
 City State Zip Code
 Quincy MA 02169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt: 07 / 29 / 2010
 Transaction ID: 00820.C184785
 Amount of Each Receipt this Period: -5000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Steven Dodge
 Mailing Address 239 Summer St.
 City State Zip Code
 Manchester MA 01944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Windover Development LLC Real Estate/Construction
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00
 Date of Receipt: 07 / 08 / 2010
 Transaction ID: 00720.C184361
 Amount of Each Receipt this Period: 10000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Steven Dodge
 Mailing Address 239 Summer St.
 City State Zip Code
 Manchester MA 01944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Windover Development LLC Real Estate/Construction
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt: 07 / 08 / 2010
 Transaction ID: 00720.C184362
 Amount of Each Receipt this Period: -5000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 0.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 9 / 47
(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)
Jody Dow

Mailing Address 71 Leicester Street

City State Zip Code
Brookline MA 02445

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

Name of Employer Occupation
Dr. Elias Dow Office Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2010

Transaction ID: 00820.C184749

Amount of Each Receipt this Period
-2500.00

Receipt

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

Mailing Address 14 Foster St.

City State Zip Code
Marblehead MA 01945

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

Name of Employer Occupation
Wakefield Management CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2010

Transaction ID: 00820.C184672

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
John Fowler

Mailing Address One Post Office Sq. STE. 3500

City State Zip Code
Boston MA 02109

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2010

Transaction ID: 00820.C184787

Amount of Each Receipt this Period
-5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **-2500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 47
(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)
Deborah Gilbert

Mailing Address 42 Little Pond Rd

City State Zip Code
Merrimac MA 01860

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: 00820.C184799

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Wayne Griffin

Mailing Address 2 Briar Lane

City State Zip Code
Medway MA 02053

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

Name of Employer wayne J Griffin Electric Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2010

Transaction ID: 00820.C184789

Amount of Each Receipt this Period
-5000.00

Receipt

C.

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

Mailing Address 8 Claridge Drive

City State Zip Code
Weston MA 02493

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ -4500.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2010

Transaction ID: 00820.C184685

Amount of Each Receipt this Period
-4500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **-9300.00**

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 / 47
(check only one)

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

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

Mailing Address 8 Claridge Drive

City State Zip Code
Weston MA 02493

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 28 / 2010
Transaction ID: 00820.C184684
Amount of Each Receipt this Period: 5000.00
Receipt

B. Full Name (Last, First, Middle Initial)
James Hearty

Mailing Address PO Box 2217

City State Zip Code
Del Mar CA 92014-1517

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 07 / 29 / 2010
Transaction ID: 00820.C184775
Amount of Each Receipt this Period: -5000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Jay Hirshberg

Mailing Address 1428 Commonwealth Ave

City State Zip Code
Newton MA 02465

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 29 / 2010
Transaction ID: 00820.C184791
Amount of Each Receipt this Period: -5000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► **-5000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 47
(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)
Norman Knight

Mailing Address 63 Bay State Rd.

City State Zip Code
Boston MA 02215

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

Name of Employer
Knight Communications Corp.

Occupation
Communications Exec.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-5000.00

Date of Receipt

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

Transaction ID: 00720.C184465

Amount of Each Receipt this Period
-5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Norman Knight

Mailing Address 63 Bay State Rd.

City State Zip Code
Boston MA 02215

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

Name of Employer
Knight Communications Corp.

Occupation
Communications Exec.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID: 00720.C184464

Amount of Each Receipt this Period
15000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Melissa Lucas

Mailing Address 22 Slayton Road

City State Zip Code
Melrose MA 02176

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

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 00720.C184365

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **10050.00**

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 13 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Linda McLane		Date of Receipt
	Mailing Address 77 Dean Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 29 / 2010
	City	State	Zip Code
	Weston	MA	02493
	FEC ID number of contributing federal political committee. C		Transaction ID: 00820.C184769
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> -5000.00
Receipt			

B.	Full Name (Last, First, Middle Initial) Albert Merck		Date of Receipt
	Mailing Address 1010 Waltham St F-19		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 27 / 2010
	City	State	Zip Code
	Lexington	MA	02421-8048
	FEC ID number of contributing federal political committee. C		Transaction ID: 00820.C184638
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00	<input type="text"/> -5000.00
Receipt			

C.	Full Name (Last, First, Middle Initial) John Noone		Date of Receipt
	Mailing Address 745 Boston Post Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 29 / 2010
	City	State	Zip Code
	Weston	MA	02493
	FEC ID number of contributing federal political committee. C		Transaction ID: 00820.C184773
Name of Employer Lincoln Property Company		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1025.00	<input type="text"/> -5000.00
Receipt			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> -15000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 47

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Rodger Nordblom		Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 200 Barnes Hill Rd.		Transaction ID: 00820.C184793
	City Concord	State MA	Zip Code 01742
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -5000.00
Name of Employer Nordblom Company		Occupation Real Estate Develop.	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

B.	Full Name (Last, First, Middle Initial) Mass. Mutual Life PAC		Date of Receipt MM / DD / YYYY 07 / 07 / 2010
	Mailing Address 1295 State St.		Transaction ID: 00720.C184254
	City Springfield	State MA	Zip Code 01111
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested		Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Anastasios Parafestas		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 29 Westwood Dr.		Transaction ID: 00820.C184653
	City Worcester	State MA	Zip Code 01609
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -500.00
Name of Employer Information Requested		Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional) ▶

-5000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 47
(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)
Anastasios Parafestas

Mailing Address 29 Westwood Dr.

City Worcester State MA Zip Code 01609

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5500.00

Date of Receipt: 07 / 29 / 2010
Transaction ID: 00820.C184795
Amount of Each Receipt this Period: -4500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Laura Reynolds

Mailing Address 153 Garfield Road

City Concord State MA Zip Code 01742

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

Name of Employer Information Requested Occupation Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 29 / 2010
Transaction ID: 00820.C184797
Amount of Each Receipt this Period: -5000.00
Receipt

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

Mailing Address Government Relations
1000 Western Ave, building 1-74AD

City Lynn State MA Zip Code 01910

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 07 / 29 / 2010
Transaction ID: 00820.C184724
Amount of Each Receipt this Period: 5000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► **-4500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 47
(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)
Ronald Skates

Mailing Address 4 Boardman Avenue

City Manchester State MA Zip Code 01944

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

Name of Employer Self-Employed Occupation investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 29 / 2010

Transaction ID: 00820.C184771

Amount of Each Receipt this Period -5000.00

Receipt

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

Mailing Address 6 Alwyngton Road

City Brookline State MA Zip Code 02467

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

Name of Employer Highland Capital Partners Occupation Venture Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 29 / 2010

Transaction ID: 00820.C184767

Amount of Each Receipt this Period -5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Gilbert Steward

Mailing Address 137 Larch Row

City Wenham State MA Zip Code 01984

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2010

Transaction ID: 00820.C184663

Amount of Each Receipt this Period -500.00

Receipt

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Robert White		Date of Receipt MM / DD / YYYY 07 / 07 / 2010
Mailing Address 23 Chadwick Road		Transaction ID: 00720.C184255
City Weston	State MA	Zip Code 02493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00
Name of Employer Bain Capital	Occupation Executive	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

B.

Full Name (Last, First, Middle Initial) Robert White		Date of Receipt MM / DD / YYYY 07 / 07 / 2010
Mailing Address 23 Chadwick Road		Transaction ID: 00720.C184256
City Weston	State MA	Zip Code 02493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -5000.00
Name of Employer Bain Capital	Occupation Executive	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	-45750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 47	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Republican National Committee		Date of Receipt
Mailing Address 310 First Street SE DO NOT MAIL		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City Washington	State DC	Zip Code 20003-
FEC ID number of contributing federal political committee. C C00003418		Transaction ID: 00820.C185291
Name of Employer Political Committee		Amount of Each Receipt this Period 3148.00
Occupation FEC ID: C00003418		Transfers From Affil./Auth.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 35732.00	

SUBTOTAL of Receipts This Page (optional)	3148.00
TOTAL This Period (last page this line number only)	3148.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 47

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

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

<p>A. Full Name (Last, First, Middle Initial) SCM Associates</p> <p>Mailing Address Steve Meyers 1283 Main Street</p> <p>City Dublin State NH Zip Code 03444-</p> <p>Purpose of Disbursement direct mail 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: 00820.E12375 Date of Disbursement: 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5689.12</p> <p>DIRECT MAIL FEE</p>
<p>B. Full Name (Last, First, Middle Initial) Scr & Associates, LLC</p> <p>Mailing Address 4 Leblanc Dr</p> <p>City Danvers State MA Zip Code 01923-</p> <p>Purpose of Disbursement fundraising consulting fee party related non FEA</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: 00820.E12376 Date of Disbursement: 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 6000.00</p> <p>FUNDRAISING CONSULTING FEE PARTY RELATED NON FEA</p>
<p>C. Full Name (Last, First, Middle Initial) Jody Blais</p> <p>Mailing Address 1420 County Street</p> <p>City Attleboro State MA Zip Code 02703-</p> <p>Purpose of Disbursement reimbursement for event related costs</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: 00820.E12401 Date of Disbursement: 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 840.06</p> <p>REIMBURSEMENT FOR EVENT RELATED COSTS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12529.18

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 20 / 47

<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) Postmaster Boston <hr/> Mailing Address 25 Dorchester Ave <hr/> City Boston State MA Zip Code 02109- <hr/> Purpose of Disbursement postage 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: 00820.E12373 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	POSTAGE
	Category/ Type

B. Full Name (Last, First, Middle Initial) Tim Buckley <hr/> Mailing Address 55 W Broadway #8 <hr/> City Boston State MA Zip Code 02127- <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12391 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1002.13
	PAYROLL
	Category/ Type

C. Full Name (Last, First, Middle Initial) Ryan Coleman <hr/> Mailing Address 9 Stearms Street <hr/> City Swampscott State MA Zip Code 01907- <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12374 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 979.03
	PAYROLL
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3981.16
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) Kauppi Communications Mailing Address 27 Townly Road City Watertown State MA Zip Code 02472- Purpose of Disbursement communications consulting 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: 00820.E12344 Date of Disbursement 07 / 08 / 2010
	Amount of Each Disbursement this Period 3000.00 COMMUNICATIONS CONSULTING

B. Full Name (Last, First, Middle Initial) Tarah Donoghue Mailing Address 3 Main Street City Dover State MA Zip Code 02030- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12388 Date of Disbursement 07 / 08 / 2010
	Amount of Each Disbursement this Period 1547.28 PAYROLL

C. Full Name (Last, First, Middle Initial) Tarah Donoghue Mailing Address 3 Main Street City Dover State MA Zip Code 02030- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12389 Date of Disbursement 07 / 22 / 2010
	Amount of Each Disbursement this Period 1538.70 PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	6085.98
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)

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

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

<p>A. Full Name (Last, First, Middle Initial) Tara Esfahanian</p> <p>Mailing Address 177 Upham St.</p> <p>City Melrose State MA Zip Code 02176-</p> <p>Purpose of Disbursement fundraising consulting fee party related non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00820.E12384</p> <p>Date of Disbursement 07 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>FUNDRAISING CONSULTING FEE PARTY RELATED NON FEA</p>
<p>B. Full Name (Last, First, Middle Initial) Tara Esfahanian</p> <p>Mailing Address 177 Upham St.</p> <p>City Melrose State MA Zip Code 02176-</p> <p>Purpose of Disbursement fundraising consulting fee party related non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00820.E12385</p> <p>Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>FUNDRAISING CONSULTING FEE PARTY RELATED NON FEA</p>
<p>C. Full Name (Last, First, Middle Initial) Tara Esfahanian</p> <p>Mailing Address 177 Upham St.</p> <p>City Melrose State MA Zip Code 02176-</p> <p>Purpose of Disbursement fundraising consulting fee party related non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00820.E12386</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>FUNDRAISING CONSULTING FEE PARTY RELATED NON FEA</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Tara Esfahanian	Transaction ID: 00820.E12387 Date of Disbursement 07 / 29 / 2010
	Mailing Address 177 Upham St.	Amount of Each Disbursement this Period 2729.00
	City Melrose State MA Zip Code 02176-	
	Purpose of Disbursement fundraising consulting fee party related non FEA Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTING FEE PARTY RELATED NON FEA

B.	Full Name (Last, First, Middle Initial) Anthony Ferrucci	Transaction ID: 00820.E12316 Date of Disbursement 07 / 08 / 2010
	Mailing Address 62 Dwight St. Apt. #1	Amount of Each Disbursement this Period 630.69
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Kirsten Hughes	Transaction ID: 00820.E12347 Date of Disbursement 07 / 08 / 2010
	Mailing Address 72 Davis Street	Amount of Each Disbursement this Period 1092.58
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4452.27

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)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kirsten Hughes</p> <p>Mailing Address 72 Davis Street</p> <p>City Quincy State MA Zip Code 02170-</p> <p>Purpose of Disbursement payroll</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: 00820.E12348 Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1018.67</p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) Susan Keene</p> <p>Mailing Address 76 Locksley Rd.</p> <p>City Lynnfield State MA Zip Code 01940-</p> <p>Purpose of Disbursement Accounting consulting</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: 00820.E12345 Date of Disbursement 07 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2424.35</p> <p>ACCOUNTING CONSULTING</p>
<p>C. Full Name (Last, First, Middle Initial) Susan Keene</p> <p>Mailing Address 76 Locksley Rd.</p> <p>City Lynnfield State MA Zip Code 01940-</p> <p>Purpose of Disbursement accounting services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00820.E12346 Date of Disbursement 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 677.50</p> <p>ACCOUNTING SERVICES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4120.52

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) Nick Lehr	Transaction ID: 00820.E12367 Date of Disbursement 07 / 22 / 2010
	Mailing Address 38 Saunders Rd.	
	City Boston State MA Zip Code 02134-	Amount of Each Disbursement this Period 1002.13
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Nathan Little	Transaction ID: 00820.E12364 Date of Disbursement 07 / 15 / 2010
	Mailing Address 83 Congreeve	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement reimbursement for phone Candidate Name	REIMBURSEMENT FOR PHONE
	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) Nathan Little	Transaction ID: 00820.E12366 Date of Disbursement 07 / 22 / 2010
	Mailing Address 83 Congreeve	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 2145.65
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	3247.78
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) Nathan Little	Transaction ID: 00820.E12365
	Mailing Address 83 Congreeve	Date of Disbursement 07 / 22 / 2010
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 125.00
	Purpose of Disbursement reimbursement for parking	REIMBURSEMENT FOR PARKING
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Melissa Lucas	Transaction ID: 00820.E12359
	Mailing Address 22 Slayton Road	Date of Disbursement 07 / 08 / 2010
	City Melrose State MA Zip Code 02176-	Amount of Each Disbursement this Period 6668.00
	Purpose of Disbursement fundraising consulting fee party related non FEA	FUNDRAISING CONSULTING FEE PARTY RELATED NON FEA
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Melissa Lucas	Transaction ID: 00820.E12360
	Mailing Address 22 Slayton Road	Date of Disbursement 07 / 29 / 2010
	City Melrose State MA Zip Code 02176-	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement fundraising consulting fee party related non FEA	FUNDRAISING CONSULTING FEE PARTY RELATED NON FEA
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	9293.00
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) Konica Minolta Business Systems Mailing Address P.O. Box 7247-0322 City Philadelphia State PA Zip Code 19170-0322 Purpose of Disbursement copier lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12349 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 1 0	Amount of Each Disbursement this Period 782.83 COPIER LEASE
B.	Full Name (Last, First, Middle Initial) Magan Munson Mailing Address 209 bunker hill st Apt 1 City Boston State MA Zip Code 02129- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12351 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 1 0	Amount of Each Disbursement this Period 1222.90 PAYROLL
C.	Full Name (Last, First, Middle Initial) Magan Munson Mailing Address 209 bunker hill st Apt 1 City Boston State MA Zip Code 02129- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12352 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1142.83 PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

3148.56

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Magan Munson <hr/> Mailing Address 209 bunker hill st Apt 1 <hr/> City Boston State MA Zip Code 02129- <hr/> Purpose of Disbursement reimbursement for phone travel Candidate Name <hr/> 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: 00820.E12350 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2010
	Amount of Each Disbursement this Period 319.87 REIMBURSEMENT FOR PHONE TR- AVEL

B. Full Name (Last, First, Middle Initial) OBrien Inc.- OBrien Communicatio <hr/> Mailing Address PO Box 659 <hr/> City Wrentham State MA Zip Code 02093- <hr/> Purpose of Disbursement telephone service Candidate Name <hr/> 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: 00820.E12368 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2010
	Amount of Each Disbursement this Period 240.00 TELEPHONE SERVICE

C. Full Name (Last, First, Middle Initial) Ox-Eye Properties <hr/> Mailing Address c/o Massey & Co. 85 Merrimac Street <hr/> City Boston State MA Zip Code 02114- <hr/> Purpose of Disbursement rent Candidate Name <hr/> 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: 00820.E12370 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2010
	Amount of Each Disbursement this Period 4434.00 RENT

SUBTOTAL of Disbursements This Page (optional) ▶

4993.87

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

<p>A. Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey & Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement rent</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: 00820.E12369 Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 523.73</p> <p>RENT</p>
<p>B. Full Name (Last, First, Middle Initial) Poland Spring Poland Spring</p> <p>Mailing Address Processing Center PO Box 52271</p> <p>City Phoenix State AZ Zip Code 85072-</p> <p>Purpose of Disbursement Bottled Water</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: 00820.E12372 Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 108.77</p> <p>BOTTLED WATER</p>
<p>C. Full Name (Last, First, Middle Initial) Postmaster- US Post Office</p> <p>Mailing Address 25 Dorchester Avenue</p> <p>City Boston State MA Zip Code 02205-</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00820.E12394 Date of Disbursement 07 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 7480.00</p> <p>POSTAGE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8112.50

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) Postmaster- US Post Office	Transaction ID: 00820.E12395 Date of Disbursement
	Mailing Address 25 Dorchester Avenue	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Boston State MA Zip Code 02205-	Amount of Each Disbursement this Period
	Purpose of Disbursement BRE payment	<input type="text" value="100.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BRE PAYMENT

B.	Full Name (Last, First, Middle Initial) Republican National Committee	Transaction ID: 00820.E12402 Date of Disbursement
	Mailing Address 310 First Street SE DO NOT MAIL	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period
	Purpose of Disbursement see line 12: in-kind transfer	<input type="text" value="3148.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SEE LINE 12: IN-KIND TRANSFER

C.	Full Name (Last, First, Middle Initial) Michael Rigas	Transaction ID: 00820.E12361 Date of Disbursement
	Mailing Address 24 Concord Ave, Apt 415	<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Cambridge State MA Zip Code 02138-	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1523.41"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4771.41"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Michael Rigas	Transaction ID: 00820.E12362 Date of Disbursement 07 / 29 / 2010
	Mailing Address 24 Concord Ave, Apt 415	
	City Cambridge State MA Zip Code 02138-	Amount of Each Disbursement this Period 1523.41
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Seaport Hotel	Transaction ID: 00820.E12377 Date of Disbursement 07 / 08 / 2010
	Mailing Address 1 Seaport Lane	
	City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period 7779.41
	Purpose of Disbursement Fundraising event fee Candidate Name	FUNDRAISING EVENT FEE
	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) Semcasting Inc Semcasting Inc	Transaction ID: 00820.E12378 Date of Disbursement 07 / 08 / 2010
	Mailing Address 300 Brickstone Square	
	City Andover State MA Zip Code 01810-	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Voter ID party related Candidate Name	VOTER ID PARTY RELATED
	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)	13302.82
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) Semcasting Inc Semcasting Inc	Transaction ID: 00820.E12379 Date of Disbursement 07 / 22 / 2010
	Mailing Address 300 Brickstone Square	Amount of Each Disbursement this Period 4000.00
	City Andover State MA Zip Code 01810-	
	Purpose of Disbursement voter ID party related Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		VOTER ID PARTY RELATED

B.	Full Name (Last, First, Middle Initial) Sprint/Nextel	Transaction ID: 00820.E12380 Date of Disbursement 07 / 29 / 2010
	Mailing Address PO Box 17990	Amount of Each Disbursement this Period 83.73
	City Denver State CO Zip Code 80217-	
	Purpose of Disbursement cell phone 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) ▼
		CELL PHONE

C.	Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 00820.E12381 Date of Disbursement 07 / 08 / 2010
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 1116.80
	City Des Moines State IA Zip Code 50368-9020	
	Purpose of Disbursement office supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)	5200.53
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Staples, Inc. Mailing Address Staples Credit Plan Dept. 80 - 0088936796 City Des Moines State IA Zip Code 50368-9020 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: 00820.E12382 Date of Disbursement 07 / 29 / 2010	Amount of Each Disbursement this Period 2903.33 OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Company Stubblebine Mailing Address One Cranberry Hill City Lexington State MA Zip Code 02421- Purpose of Disbursement room rental 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: 00820.E12390 Date of Disbursement 07 / 29 / 2010	Amount of Each Disbursement this Period 300.00 ROOM RENTAL
C.	Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 1 City Worcester State MA Zip Code 01654- Purpose of Disbursement phone service 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: 00820.E12397 Date of Disbursement 07 / 08 / 2010	Amount of Each Disbursement this Period 1414.68 PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

4618.01

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) Verizon Mailing Address P.O. Box 1 City Worcester State MA Zip Code 01654- Purpose of Disbursement office phones 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: 00820.E12396 Date of Disbursement 07 / 15 / 2010
	Amount of Each Disbursement this Period 400.00 OFFICE PHONES

B. Full Name (Last, First, Middle Initial) William Walker Mailing Address 5 Charter St. City Boston State MA Zip Code 02113- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12399 Date of Disbursement 07 / 08 / 2010
	Amount of Each Disbursement this Period 1418.13 PAYROLL

C. Full Name (Last, First, Middle Initial) William Walker Mailing Address 5 Charter St. City Boston State MA Zip Code 02113- Purpose of Disbursement reimbursement for phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12398 Date of Disbursement 07 / 15 / 2010
	Amount of Each Disbursement this Period 136.66 REIMBURSEMENT FOR PHONE

SUBTOTAL of Disbursements This Page (optional) ▶	1954.79
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) William Walker Mailing Address 5 Charter St. City Boston State MA Zip Code 02113- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12400 Date of Disbursement 07 / 22 / 2010
	Amount of Each Disbursement this Period 1418.14 Category/Type PAYROLL
B. Full Name (Last, First, Middle Initial) Michael Yacobian Mailing Address Tabor Academy Young Republicans 66 Spring Street City Marion State MA Zip Code 02738- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12363 Date of Disbursement 07 / 22 / 2010
	Amount of Each Disbursement this Period 979.03 Category/Type PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

2397.17

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

102709.55

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 104 Canal Street City Boston State MA Zip Code 02114- Purpose of Disbursement bank service charge 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: 00820.E12320 Date of Disbursement 07 / 01 / 2010 Amount of Each Disbursement this Period 74.99 BANK SERVICE CHARGE	
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 104 Canal Street City Boston State MA Zip Code 02114- Purpose of Disbursement wire transfer 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: 00820.E12322 Date of Disbursement 07 / 01 / 2010 Amount of Each Disbursement this Period 25.00 WIRE TRANSFER FEE	
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 104 Canal Street City Boston State MA Zip Code 02114- Purpose of Disbursement bank 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: 00820.E12321 Date of Disbursement 07 / 06 / 2010 Amount of Each Disbursement this Period 422.69 BANK FEE	

SUBTOTAL of Disbursements This Page (optional) ▶	522.68
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) BFSdaniels BFSdaniels Mailing Address City State Zip Code Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00820.E12323 Date of Disbursement 07 / 15 / 2010
	Amount of Each Disbursement this Period 223.13
	Category/ Type PRINTING
	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Center 401 Park Drive City Boston State MA Zip Code 02215- Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1442.19	Category/ Type HEALTH INSURANCE
C. Full Name (Last, First, Middle Initial) Byte Bulb Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD. City Hanover State MA Zip Code 02339- Purpose of Disbursement party related website 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: 00820.E12325 Date of Disbursement 07 / 08 / 2010
Amount of Each Disbursement this Period 1335.56	Category/ Type PARTY RELATED WEBSITE

SUBTOTAL of Disbursements This Page (optional) ▶	3000.88
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Byte Bulb	Transaction ID: 00820.E12326 Date of Disbursement 07 / 22 / 2010
	Mailing Address: The Trimount Company, Inc. 75 Meadowbrook RD.	Amount of Each Disbursement this Period 900.00
	City: Hanover State: MA Zip Code: 02339-	
	Purpose of Disbursement: party related website Candidate Name: <input type="checkbox"/> 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) ▼	PARTY RELATED WEBSITE

B.	Full Name (Last, First, Middle Initial) Comcast Comcast	Transaction ID: 00820.E12328 Date of Disbursement 07 / 08 / 2010
	Mailing Address: PO Box 196	Amount of Each Disbursement this Period 114.90
	City: Newark State: NJ Zip Code: 07101-0196	
	Purpose of Disbursement: cable bill Candidate Name: <input type="checkbox"/> 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) ▼	CABLE BILL

C.	Full Name (Last, First, Middle Initial) Comcast Comcast	Transaction ID: 00820.E12329 Date of Disbursement 07 / 22 / 2010
	Mailing Address: PO Box 196	Amount of Each Disbursement this Period 114.90
	City: Newark State: NJ Zip Code: 07101-0196	
	Purpose of Disbursement: cable bill Candidate Name: <input type="checkbox"/> 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) ▼	CABLE BILL

SUBTOTAL of Disbursements This Page (optional)	1129.80
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FLS Connect <hr/> Mailing Address 7300 Hudson Blvd. Ste <hr/> City Saint Paul State MN Zip Code 55128- <hr/> Purpose of Disbursement telemarketing party related Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00820.E12336 Date of Disbursement 07 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 7960.84 <hr/> TELEMARKETING PARTY RELATED
B.	Full Name (Last, First, Middle Initial) DirecTV DirecTV <hr/> Mailing Address PO Box 60036 <hr/> City Los Angeles State CA Zip Code 90060-0036 <hr/> Purpose of Disbursement Satellite TV Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00820.E12330 Date of Disbursement 07 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 49.34 <hr/> SATELITE TV
C.	Full Name (Last, First, Middle Initial) Anthony Ferrucci <hr/> Mailing Address 62 Dwight St. Apt. #1 <hr/> City Brookline State MA Zip Code 02446- <hr/> Purpose of Disbursement payroll Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 00820.E12317 Date of Disbursement 07 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 630.69 <hr/> PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

8640.87

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Anthony Ferrucci	Transaction ID: 00820.E12315 Date of Disbursement 07 / 22 / 2010
	Mailing Address 62 Dwight St. Apt. #1	
	City Brookline State MA Zip Code 02446-	Amount of Each Disbursement this Period 105.97
	Purpose of Disbursement reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT

B.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00820.E12342 Date of Disbursement 07 / 08 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 1032.32
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00820.E12341 Date of Disbursement 07 / 15 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 183.78
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)	▶	1322.07
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kaitlyn Greeley</p> <p>Mailing Address 34 Fresno St.</p> <p>City Boston State MA Zip Code 02131-</p> <p>Purpose of Disbursement payroll</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: 00820.E12343 Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 960.33</p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) Exeter Group, Inc</p> <p>Mailing Address 1 Canal Park</p> <p>City Cambridge State MA Zip Code 02141-</p> <p>Purpose of Disbursement IT consulting</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: 00820.E12331 Date of Disbursement 07 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 17205.26</p> <p>IT CONSULTING</p>
<p>C. Full Name (Last, First, Middle Initial) A.I.M. Mutual Insurance Company</p> <p>Mailing Address PO Box 3500-59</p> <p>City Boston State MA Zip Code 02241-0559</p> <p>Purpose of Disbursement workman comp renewal</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: 00820.E12310 Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 237.00</p> <p>WORKMAN COMP RENEWAL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

18402.59

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)

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

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

A.	Full Name (Last, First, Middle Initial) Fedex Kinkos	Transaction ID: 00820.E12333
	Mailing Address 2 Center Plaza	Date of Disbursement 07 / 29 / 2010
	City Boston State MA Zip Code 02108-	Amount of Each Disbursement this Period 71.94
	Purpose of Disbursement Shipping	SHIPPING
	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 Kinkos	Transaction ID: 00820.E12334
	Mailing Address 2 Center Plaza	Date of Disbursement 07 / 29 / 2010
	City Boston State MA Zip Code 02108-	Amount of Each Disbursement this Period 81.68
	Purpose of Disbursement shipping	SHIPPING
	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 Kinkos	Transaction ID: 00820.E12335
	Mailing Address 2 Center Plaza	Date of Disbursement 07 / 29 / 2010
	City Boston State MA Zip Code 02108-	Amount of Each Disbursement this Period 51.91
	Purpose of Disbursement shipping	SHIPPING
	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)	205.53
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 00820.E12338 Date of Disbursement 07 / 15 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	Amount of Each Disbursement this Period 80.60
	City Boston State MA Zip Code 02129-	
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT

B.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 00820.E12339 Date of Disbursement 07 / 22 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	Amount of Each Disbursement this Period 244.81
	City Boston State MA Zip Code 02129-	
	Purpose of Disbursement reimbursement: see below Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT: SEE BELOW

C.	Full Name (Last, First, Middle Initial) Advantage Payroll Services	Transaction ID: 00820.E12312 Date of Disbursement 07 / 08 / 2010
	Mailing Address 747 Main Street #222	Amount of Each Disbursement this Period 89.50
	City Concord State MA Zip Code 01742-	
	Purpose of Disbursement Payroll services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL SERVICES

SUBTOTAL of Disbursements This Page (optional)	414.91
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Advantage Payroll Services <hr/> Mailing Address 747 Main Street #222 <hr/> City Concord State MA Zip Code 01742- <hr/> Purpose of Disbursement Payroll Services Candidate Name <hr/> 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: 00820.E12311 Date of Disbursement 07 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 3780.93 <hr/> PAYROLL SERVICES
B.	Full Name (Last, First, Middle Initial) Advantage Payroll Services <hr/> Mailing Address 747 Main Street #222 <hr/> City Concord State MA Zip Code 01742- <hr/> Purpose of Disbursement Payroll expenses Candidate Name <hr/> 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: 00820.E12313 Date of Disbursement 07 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 6125.41 <hr/> PAYROLL EXPENSES
C.	Full Name (Last, First, Middle Initial) Advantage Payroll Services <hr/> Mailing Address 747 Main Street #222 <hr/> City Concord State MA Zip Code 01742- <hr/> Purpose of Disbursement payroll services Candidate Name <hr/> 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: 00820.E12314 Date of Disbursement 07 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 107.59 <hr/> PAYROLL SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

10013.93

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 47

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

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

A. Full Name (Last, First, Middle Initial) Exact Target, Inc. <hr/> Mailing Address Dept ch 17808 <hr/> City Palatine State IL Zip Code 60055- <hr/> Purpose of Disbursement Email marketing 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: 00820.E12332 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 4365.01 EMAIL MARKETING
B. Full Name (Last, First, Middle Initial) Century Type Inc. <hr/> Mailing Address 1020 Commonwealth Ave <hr/> City Boston State MA Zip Code 02215- <hr/> Purpose of Disbursement Printing 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: 00820.E12327 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 590.00 PRINTING

SUBTOTAL of Disbursements This Page (optional) ►

4955.01

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

48608.27

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>		Transaction ID: LS90513.E11275	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>		Transaction ID: LS90513.E11276	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1250.00"/>		Transaction ID: LS90513.E11277	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1250.00"/>	

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

1) SUBTOTALS This Period This Page (optional).....	3910.20
2) TOTALS This Period (last page this line number only).....	5660.20
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	5660.20