

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 08 01 2010 through 08 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 09 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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

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	515166.39									
(c) Total Receipts (from Line 19)	98955.00	2010304.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	614121.39	2090716.80								
7. Total Disbursements (from Line 31)	178907.56	1655502.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	435213.83	435213.83								
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**

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

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)	66350.00	1022471.50
(ii) Unitemized	305.00	53653.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	66655.00	1076125.38
(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)	66655.00	1108102.75
12. Transfers From Affiliated/Other Party Committees	32300.00	902202.00
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))	98955.00	2010304.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	98955.00	2010304.75

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.....	178907.56	838276.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	178907.56	838276.63
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	0.00	140199.82
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	140199.82
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	178907.56	1655502.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	178907.56	1655502.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	66655.00	1108102.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66655.00	1108102.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	178907.56	838276.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	178907.56	838276.63

**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 / 45
	<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) Allan H. Chin	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 7 Truman Road	Transaction ID: 00920.C185408
	City State Zip Code Peabody MA 01960	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Charles Counselman	Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 42 Crestview Rd	Transaction ID: 00820.C184837
	City State Zip Code Belmont MA 02178	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Paul Dacier	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 92 Woodland Street	Transaction ID: 00820.C185172
	City State Zip Code Sherborn MA 01770	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	5350.00
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 7 / 45
	<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) Grace Fey	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 6 Commonwealth Avenue Apt. 3	Transaction ID: 00920.C185503
	City Boston State MA Zip Code 02116	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Frontier Capital Management Occupation: Investment Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 10000.00	

B.	Full Name (Last, First, Middle Initial) Jane Gnazzo	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address PO Box 1119 404 W. Cotter Avenue	Transaction ID: 00920.C185505
	City Port Aransas State TX Zip Code 78373	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Self Employed Occupation: Real Estate Developer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 10000.00	

C.	Full Name (Last, First, Middle Initial) Marcy Gringlas	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 727 Merion Square Rd	Transaction ID: 00820.C185231
	City Gladwyne State PA Zip Code 19035	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Best Effort Sent Occupation: Best Effort Sent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 10000.00	

SUBTOTAL of Receipts This Page (optional)	25000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 45
(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)
Barbara Kroncke

Mailing Address 51 Baker Place

City State Zip Code
Newton MA 02462

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

Name of Employer Occupation
Best Effort Sent Best Effort Sent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2010

Transaction ID: 00920.C185506

Amount of Each Receipt this Period
10000.00

Receipt

B.

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

Mailing Address 48 Owenoke Park

City State Zip Code
Westport CT 06880

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

Name of Employer Occupation
Riverland and Indain Sun investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 00820.C185169

Amount of Each Receipt this Period
10000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Harry Nudelman

Mailing Address 171 Commonwealth Ave, Unit 1

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
Self Employed Private Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: 00820.C185226

Amount of Each Receipt this Period
10000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **30000.00**

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 / 45
	(check only one)
<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) Longhorn Pac		Date of Receipt MM / DD / YYYY 08 / 30 / 2010
Mailing Address 7315 Wisconsin Ave		Transaction ID: 00920.C185500
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Lynda Voghel		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
Mailing Address 497 Old Road to 9 Acres Corner		Transaction ID: 00820.C185165
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 Homemaker	Occupation Homemaker	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	66350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 45
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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) Republican National Committee		Date of Receipt
Mailing Address 310 First Street SE DO NOT MAIL		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
Washington	DC	20003-
FEC ID number of contributing federal political committee.		Transaction ID: 00920.C185774
<input type="text" value="C"/> <input type="text" value="C00003418"/>		Amount of Each Receipt this Period
		<input type="text" value="32300.00"/>
Name of Employer Political Committee	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 ▼ <input type="text" value="68032.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="32300.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="32300.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 00920.E12415 Date of Disbursement 08 / 02 / 2010
	Mailing Address 104 Canal Street	Amount of Each Disbursement this Period 75.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement bank fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEE

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 00920.E12416 Date of Disbursement 08 / 02 / 2010
	Mailing Address 104 Canal Street	Amount of Each Disbursement this Period 74.99
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement bank fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEE

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 00920.E12417 Date of Disbursement 08 / 04 / 2010
	Mailing Address 104 Canal Street	Amount of Each Disbursement this Period 25.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement bank fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEE

SUBTOTAL of Disbursements This Page (optional)	▶	174.99
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) Bank of America	Transaction ID: 00920.E12418 Date of Disbursement 08 / 05 / 2010
	Mailing Address 104 Canal Street	Amount of Each Disbursement this Period 120.42
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement bank fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEE

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 00920.E12419 Date of Disbursement 08 / 12 / 2010
	Mailing Address 104 Canal Street	Amount of Each Disbursement this Period 30.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement bank fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		BANK FEE

C.	Full Name (Last, First, Middle Initial) Bowditch & Dewey	Transaction ID: 00920.E12421 Date of Disbursement 08 / 26 / 2010
	Mailing Address 311 Main St. PO Box 15156	Amount of Each Disbursement this Period 1600.00
	City Worcester State MA Zip Code 01615-0156	
	Purpose of Disbursement Legal Consulting	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		LEGAL CONSULTING

SUBTOTAL of Disbursements This Page (optional)	▶	1750.42
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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) American Express</p> <p>Mailing Address PO Box 1270</p> <p>City Newark State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement credit card fee see below</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: 00920.E12407</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9333.47"/></p> <p>CREDIT CARD FEE SEE BELOW</p>
<p>B. Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 1600 Smith Street Ground Level</p> <p>City Houston State TX Zip Code 77022-</p> <p>Purpose of Disbursement Amex Charge - JNassour Travel</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: 00920.E12501</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="479.10"/></p> <p>[MEMO ITEM] MEMO: AMEX CHARGE - JNASSOUR TRAVEL</p>
<p>C. Full Name (Last, First, Middle Initial) AlphaGraphics AlphaGraphics</p> <p>Mailing Address 74 Canal Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Amex charge - banner printing</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: 00920.E12498</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="846.74"/></p> <p>[MEMO ITEM] MEMO: AMEX CHARGE - BANNER PRINTING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

<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) Boston Marriott Newton</p> <p>Mailing Address 2345 Commonwealth Ave.</p> <p>City Newton State MA Zip Code 02466-</p> <p>Purpose of Disbursement AMEX Charge - State Comm. Meeting</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: 00920.E12500 Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1029.19</p> <p>[MEMO ITEM] MEMO: AMEX CHARGE - STATE COMM. MEETING</p>
<p>B. Full Name (Last, First, Middle Initial) Republican National Committee</p> <p>Mailing Address Dwight D. Eisenhower Building 310 First Street, Southeast</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Expenses for J Nassour Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00920.E12473 Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 209.11</p> <p>[MEMO ITEM] MEMO: EXPENSES FOR J NASSOUR TRAVEL</p>
<p>C. Full Name (Last, First, Middle Initial) Brockton Rox</p> <p>Mailing Address Campanelli Stadium 1 Feinberg Way</p> <p>City Brockton State MA Zip Code 02301-</p> <p>Purpose of Disbursement Amex Charge - baseball tix for fundraising event</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: 00920.E12503 Date of Disbursement 08 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>[MEMO ITEM] MEMO: AMEX CHARGE - BASEBALL TIX FOR FUNDRAISING EVENT</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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) Brockton Rox	Transaction ID: 00920.E12502 Date of Disbursement 08 / 05 / 2010
	Mailing Address Campanelli Stadium 1 Feinberg Way	Amount of Each Disbursement this Period 500.00
	City Brockton	State MA
	Zip Code 02301-	
	Purpose of Disbursement Amex charge - Fundraising tix for baseball event	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]
MEMO: AMEX CHARGE - FUNDR-
AISING TIX FOR BASEBALL
EVENT

B.	Full Name (Last, First, Middle Initial) Mortons The Steakhouse	Transaction ID: 00920.E12499 Date of Disbursement 08 / 05 / 2010
	Mailing Address 2 Seaport Lane	Amount of Each Disbursement this Period 5539.85
	City Boston	State MA
	Zip Code 02210-	
	Purpose of Disbursement AMEX Charge - Fundraising dinner	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]
MEMO: AMEX CHARGE - FUNDR-
AISING DINNER

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 00920.E12408 Date of Disbursement 08 / 26 / 2010
	Mailing Address PO Box 1270	Amount of Each Disbursement this Period 4863.94
	City Newark	State NJ
	Zip Code 07101-1270	
	Purpose of Disbursement credit card fee see below	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

CREDIT CARD FEE SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

4863.94

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) American Airlines</p> <p>Mailing Address P.O. Box 619612 VFW Airport</p> <p>City Dallas State TX Zip Code 75261-9612</p> <p>Purpose of Disbursement Amex Charge - JNassour Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00920.E12504 Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 625.70</p> <p>[MEMO ITEM] MEMO: AMEX CHARGE - JNASSOUR TRAVEL</p>
<p>B. Full Name (Last, First, Middle Initial) Worcester Tornados</p> <p>Mailing Address 303 Main Street</p> <p>City Worcester State MA Zip Code 01608-</p> <p>Purpose of Disbursement Amex Charge - Baseball tix for FR event</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: 00920.E12507 Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM] MEMO: AMEX CHARGE - BASEBALL TIX FOR FR EVENT</p>
<p>C. Full Name (Last, First, Middle Initial) Wachusett Mountain Wachusett Mountain</p> <p>Mailing Address 100 Princeton Rd.</p> <p>City Princeton State MA Zip Code 01541-</p> <p>Purpose of Disbursement Amex Charge - venue rental</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: 00920.E12506 Date of Disbursement 08 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 3134.39</p> <p>[MEMO ITEM] MEMO: AMEX CHARGE - VENUE RENTAL</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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) SCM Associates	Transaction ID: 00920.E12486 Date of Disbursement
	Mailing Address Steve Meyers 1283 Main Street	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Dublin State NH Zip Code 03444-	Amount of Each Disbursement this Period
	Purpose of Disbursement direct mail	<input type="text" value="14.01"/>
	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) ▼
		DIRECT MAIL

B.	Full Name (Last, First, Middle Initial) Scr & Associates, LLC	Transaction ID: 00920.E12487 Date of Disbursement
	Mailing Address 4 Leblanc Dr	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Danvers State MA Zip Code 01923-	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Consulting Fee	<input type="text" value="6000.00"/>
	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) ▼
		FUNDRAISING CONSULTING FEE

C.	Full Name (Last, First, Middle Initial) Aristotle Publishing	Transaction ID: 00920.E12412 Date of Disbursement
	Mailing Address 50 E Street, SE	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period
	Purpose of Disbursement databse service fee	<input type="text" value="2343.75"/>
	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) ▼
		DATABSE SERVICE FEE

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8357.76"/>
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) Blue Cross Blue Shield of Massachusetts	Transaction ID: 00920.E12420 Date of Disbursement MM / DD / YYYY 08 / 12 / 2010
	Mailing Address Landmark Center 401 Park Drive
City Boston State MA Zip Code 02215-	Amount of Each Disbursement this Period 1442.19
Purpose of Disbursement health insurance 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) ▼
HEALTH INSURANCE	

B. Full Name (Last, First, Middle Initial) Tim Buckley	Transaction ID: 00920.E12492 Date of Disbursement MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 55 W Broadway #8
City Boston State MA Zip Code 02127-	Amount of Each Disbursement this Period 1002.14
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) Tim Buckley	Transaction ID: 00920.E12493 Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 55 W Broadway #8
City Boston State MA Zip Code 02127-	Amount of Each Disbursement this Period 1002.13
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) ▶	3446.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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) Tim Buckley	Transaction ID: 00920.E12494 Date of Disbursement 08 / 26 / 2010
	Mailing Address 55 W Broadway #8	
	City Boston State MA Zip Code 02127-	Amount of Each Disbursement this Period 100.00
	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) Osgood Bradley Building Corp	Transaction ID: 00920.E12467 Date of Disbursement 08 / 12 / 2010
	Mailing Address 18 Grafton St.	
	City Worcester State MA Zip Code 01604-	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Field office Rent 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) ▼
		FIELD OFFICE RENT

C.	Full Name (Last, First, Middle Initial) Osgood Bradley Building Corp	Transaction ID: 00920.E12468 Date of Disbursement 08 / 19 / 2010
	Mailing Address 18 Grafton St.	
	City Worcester State MA Zip Code 01604-	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement field office rent 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) ▼
		FIELD OFFICE RENT

SUBTOTAL of Disbursements This Page (optional)	▶	1100.00
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) Byte Bulb	Transaction ID: 00920.E12422 Date of Disbursement 08 / 12 / 2010
	Mailing Address: The Trimount Company, Inc. 75 Meadowbrook RD.	Amount of Each Disbursement this Period 110.00
	City: Hanover State: MA Zip Code: 02339-	
	Purpose of Disbursement: Party Related website Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	PARTY RELATED WEBSITE

B.	Full Name (Last, First, Middle Initial) Ryan Coleman	Transaction ID: 00920.E12483 Date of Disbursement 08 / 19 / 2010
	Mailing Address: 9 Stearms Street	Amount of Each Disbursement this Period 100.00
	City: Swampscott State: MA Zip Code: 01907-	
	Purpose of Disbursement: reimbursement for phone Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	REIMBURSEMENT FOR PHONE

C.	Full Name (Last, First, Middle Initial) Ryan Coleman	Transaction ID: 00920.E12484 Date of Disbursement 08 / 19 / 2010
	Mailing Address: 9 Stearms Street	Amount of Each Disbursement this Period 979.03
	City: Swampscott State: MA Zip Code: 01907-	
	Purpose of Disbursement: payroll Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	PAYROLL

SUBTOTAL of Disbursements This Page (optional)	1189.03
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) 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: 00920.E12441 Date of Disbursement 08 / 12 / 2010
	Amount of Each Disbursement this Period 3000.00 Category/Type COMMUNICATIONS CONSULTING

B. 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: 00920.E12442 Date of Disbursement 08 / 26 / 2010
	Amount of Each Disbursement this Period 3000.00 Category/Type COMMUNICATIONS CONSULTING

C. Full Name (Last, First, Middle Initial) FLS Connect Mailing Address 7300 Hudson Blvd. Ste City Saint Paul State MN Zip Code 55128- Purpose of Disbursement telemarketing 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: 00920.E12434 Date of Disbursement 08 / 12 / 2010
	Amount of Each Disbursement this Period 5212.00 Category/Type TELEMARKETING

SUBTOTAL of Disbursements This Page (optional) ▶

11212.00

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) FLS Connect	Transaction ID: 00920.E12435 Date of Disbursement 08 / 19 / 2010
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 2317.00
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement telemarketing	Category/ Type TELEMARKETING
	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) Nicholas Connors	Transaction ID: 00920.E12462 Date of Disbursement 08 / 05 / 2010
	Mailing Address 34 Governor Road	Amount of Each Disbursement this Period 621.67
	City Stoneham State MA Zip Code 02180-	
	Purpose of Disbursement payroll	Category/ Type 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) ▼

C.	Full Name (Last, First, Middle Initial) Tarah Donoghue	Transaction ID: 00920.E12489 Date of Disbursement 08 / 05 / 2010
	Mailing Address 3 Main Street	Amount of Each Disbursement this Period 1538.70
	City Dover State MA Zip Code 02030-	
	Purpose of Disbursement payroll	Category/ Type 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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4477.37
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) Tarah Donoghue	Transaction ID: 00920.E12490 Date of Disbursement 08 / 19 / 2010
	Mailing Address 3 Main Street	Amount of Each Disbursement this Period 1538.71
	City Dover State MA Zip Code 02030- 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) Anthony Ferrucci	Transaction ID: 00920.E12410 Date of Disbursement 08 / 05 / 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	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Anthony Ferrucci	Transaction ID: 00920.E12411 Date of Disbursement 08 / 19 / 2010
	Mailing Address 62 Dwight St. Apt. #1	Amount of Each Disbursement this Period 630.70
	City Brookline State MA Zip Code 02446- 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)	2800.10
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) Anthony Ferrucci	Transaction ID: 00920.E12409 Date of Disbursement 08 / 26 / 2010
	Mailing Address 62 Dwight St. Apt. #1	
	City Brookline State MA Zip Code 02446-	Amount of Each Disbursement this Period 168.60
	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: 00920.E12439 Date of Disbursement 08 / 05 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 960.33
	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: 00920.E12438 Date of Disbursement 08 / 12 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 511.27
	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

SUBTOTAL of Disbursements This Page (optional)	▶	1640.20
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) 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</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: 00920.E12440</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="960.34"/></p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) Prosper Group</p> <p>Mailing Address 1001 Commerce Parkway S Dr., Suite</p> <p>City Greenwood State IN Zip Code 46143-</p> <p>Purpose of Disbursement Victory ID Phonecalls</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: 00920.E12477</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9420.96"/></p> <p>VICTORY ID PHONECALLS</p>
<p>C. Full Name (Last, First, Middle Initial) Prosper Group</p> <p>Mailing Address 1001 Commerce Parkway S Dr., Suite</p> <p>City Greenwood State IN Zip Code 46143-</p> <p>Purpose of Disbursement Vicotry ID Phonecalls</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: 00920.E12478</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1561.88"/></p> <p>VICOTRY ID PHONECALLS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

<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) Three Group LLC	Transaction ID: 00920.E12491 Date of Disbursement 08 / 05 / 2010
	Mailing Address 5 Bayard Road Suite 507	
	City Pittsburgh State PA Zip Code 15213-	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement victory microtargeting	Category/ Type VICTORY MICROTARGETING
	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) Exeter Group, Inc	Transaction ID: 00920.E12429 Date of Disbursement 08 / 12 / 2010
	Mailing Address 1 Canal Park	
	City Cambridge State MA Zip Code 02141-	Amount of Each Disbursement this Period 6876.00
	Purpose of Disbursement IT Consulting	Category/ Type IT 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) ▼

C.	Full Name (Last, First, Middle Initial) Campaign Homebank LLC	Transaction ID: 00920.E12423 Date of Disbursement 08 / 05 / 2010
	Mailing Address One Walnut St. Suite 4	
	City Boston State MA Zip Code 02108-	Amount of Each Disbursement this Period 11000.00
	Purpose of Disbursement Victory Phone Bank - Auto Calls	Category/ Type VICTORY PHONE BANK - AUTO CALLS
	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)	▶	19876.00
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) Kirsten Hughes	Transaction ID: 00920.E12443 Date of Disbursement 08 / 05 / 2010
	Mailing Address 72 Davis Street	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 491.20
	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

B.	Full Name (Last, First, Middle Initial) Kirsten Hughes	Transaction ID: 00920.E12445 Date of Disbursement 08 / 05 / 2010
	Mailing Address 72 Davis Street	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1018.67
	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: 00920.E12446 Date of Disbursement 08 / 19 / 2010
	Mailing Address 72 Davis Street	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1018.66
	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)	2528.53
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) Kirsten Hughes	Transaction ID: 00920.E12444 Date of Disbursement 08 / 26 / 2010
	Mailing Address 72 Davis Street	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 428.16
	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

B.	Full Name (Last, First, Middle Initial) Fedex Kinkos	Transaction ID: 00920.E12430 Date of Disbursement 08 / 12 / 2010
	Mailing Address 2 Center Plaza	
	City Boston State MA Zip Code 02108-	Amount of Each Disbursement this Period 40.09
	Purpose of Disbursement shipping Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SHIPPING

C.	Full Name (Last, First, Middle Initial) Fedex Kinkos	Transaction ID: 00920.E12431 Date of Disbursement 08 / 12 / 2010
	Mailing Address 2 Center Plaza	
	City Boston State MA Zip Code 02108-	Amount of Each Disbursement this Period 13.59
	Purpose of Disbursement shipping Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SHIPPING

SUBTOTAL of Disbursements This Page (optional)	481.84
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Fedex Kinkos	Transaction ID: 00920.E12433
	Mailing Address 2 Center Plaza	Date of Disbursement 08 / 26 / 2010
	City Boston State MA Zip Code 02108-	Amount of Each Disbursement this Period 13.52
	Purpose of Disbursement shipping Candidate Name	Category/ Type SHIPPING
	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: 00920.E12432
	Mailing Address 2 Center Plaza	Date of Disbursement 08 / 26 / 2010
	City Boston State MA Zip Code 02108-	Amount of Each Disbursement this Period 481.54
	Purpose of Disbursement shipping Candidate Name	Category/ Type SHIPPING
	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) Nick Lehr	Transaction ID: 00920.E12463
	Mailing Address 38 Saunders Rd.	Date of Disbursement 08 / 05 / 2010
	City Boston State MA Zip Code 02134-	Amount of Each Disbursement this Period 1002.14
	Purpose of Disbursement payroll Candidate Name	Category/ Type 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) ▶

1497.20

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) Nick Lehr Mailing Address 38 Saunders Rd. City Boston State MA Zip Code 02134- Purpose of Disbursement reimbursement 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: 00920.E12464 Date of Disbursement 08 / 19 / 2010
	Amount of Each Disbursement this Period 300.00 REIMBURSEMENT

B. Full Name (Last, First, Middle Initial) Nick Lehr Mailing Address 38 Saunders Rd. City Boston State MA Zip Code 02134- 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: 00920.E12465 Date of Disbursement 08 / 19 / 2010
	Amount of Each Disbursement this Period 1002.13 PAYROLL

C. Full Name (Last, First, Middle Initial) Nick Lehr Mailing Address 38 Saunders Rd. City Boston State MA Zip Code 02134- Purpose of Disbursement reimbursement 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: 00920.E12466 Date of Disbursement 08 / 26 / 2010
	Amount of Each Disbursement this Period 300.00 REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶	1602.13
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nathan Little	Transaction ID: 00920.E12459 Date of Disbursement 08 / 05 / 2010
	Mailing Address 83 Congreeve	Amount of Each Disbursement this Period 2145.66
	City Boston State MA Zip Code 02131-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Nathan Little	Transaction ID: 00920.E12460 Date of Disbursement 08 / 12 / 2010
	Mailing Address 83 Congreeve	Amount of Each Disbursement this Period 162.00
	City Boston State MA Zip Code 02131-	
	Purpose of Disbursement reimbursement for phone travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PHONE TRAVEL

C.	Full Name (Last, First, Middle Initial) Nathan Little	Transaction ID: 00920.E12461 Date of Disbursement 08 / 19 / 2010
	Mailing Address 83 Congreeve	Amount of Each Disbursement this Period 2145.65
	City Boston State MA Zip Code 02131-	
	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)	▶	4453.31
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) Melissa Lucas	Transaction ID: 00920.E12453 Date of Disbursement 08 / 05 / 2010
	Mailing Address 22 Slayton Road	Amount of Each Disbursement this Period 4124.00
	City Melrose State MA Zip Code 02176-	
	Purpose of Disbursement fundraising consulting fee 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

B.	Full Name (Last, First, Middle Initial) Konica Minolta Business Systems	Transaction ID: 00920.E12447 Date of Disbursement 08 / 12 / 2010
	Mailing Address P.O. Box 7247-0322	Amount of Each Disbursement this Period 898.24
	City Philadelphia State PA Zip Code 19170-0322	
	Purpose of Disbursement copier lease 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) ▼
		COPIER LEASE

C.	Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 00920.E12451 Date of Disbursement 08 / 05 / 2010
	Mailing Address 209 bunker hill st Apt 1	Amount of Each Disbursement this Period 1142.82
	City Boston State MA Zip Code 02129-	
	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)	▶	6165.06
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 00920.E12448 Date of Disbursement 08 / 12 / 2010
	Mailing Address 209 bunker hill st Apt 1	Amount of Each Disbursement this Period 128.50
	City Boston State MA Zip Code 02129-	
	Purpose of Disbursement reimbursement for phone travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PHONE TRAVEL

B.	Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 00920.E12452 Date of Disbursement 08 / 19 / 2010
	Mailing Address 209 bunker hill st Apt 1	Amount of Each Disbursement this Period 1142.83
	City Boston State MA Zip Code 02129-	
	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) Magan Munson	Transaction ID: 00920.E12449 Date of Disbursement 08 / 26 / 2010
	Mailing Address 209 bunker hill st Apt 1	Amount of Each Disbursement this Period 97.38
	City Boston State MA Zip Code 02129-	
	Purpose of Disbursement reimbursement for phone travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PHONE TRAVEL

SUBTOTAL of Disbursements This Page (optional)	▶	1368.71
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) 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: 00920.E12450 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 140.00 REIMBURSEMENT FOR PHONE TRAVEL

B. Full Name (Last, First, Middle Initial) Jennifer Nassour <hr/> Mailing Address 49 Chelsea St., Unit C1-307 <hr/> City Boston State MA Zip Code 02129- <hr/> Purpose of Disbursement reimbursement see below 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: 00920.E12436 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 858.50 REIMBURSEMENT SEE BELOW

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 Office Utilities fee 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: 00920.E12471 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 644.09 OFFICE UTILITIES FEE

SUBTOTAL of Disbursements This Page (optional) ▶	1642.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Ox-Eye Properties Mailing Address c/o Massey & Co. 85 Merrimac Street City Boston State MA Zip Code 02114- Purpose of Disbursement office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00920.E12472 Date of Disbursement 08 / 19 / 2010
	Amount of Each Disbursement this Period 4434.00 OFFICE RENT

B. Full Name (Last, First, Middle Initial) Advantage Payroll Services Mailing Address 747 Main Street #222 City Concord State MA Zip Code 01742- Purpose of Disbursement payroll fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00920.E12404 Date of Disbursement 08 / 05 / 2010
	Amount of Each Disbursement this Period 519.63 PAYROLL FEE

C. Full Name (Last, First, Middle Initial) Advantage Payroll Services Mailing Address 747 Main Street #222 City Concord State MA Zip Code 01742- Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00920.E12403 Date of Disbursement 08 / 05 / 2010
	Amount of Each Disbursement this Period 6248.39 PAYROLL TAX

SUBTOTAL of Disbursements This Page (optional) ▶	11202.02
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) Advantage Payroll Services</p> <p>Mailing Address 747 Main Street #222</p> <p>City Concord State MA Zip Code 01742-</p> <p>Purpose of Disbursement payroll 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: 00920.E12405 Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 104.14</p> <p>PAYROLL FEE</p>
<p>B. Full Name (Last, First, Middle Initial) Advantage Payroll Services</p> <p>Mailing Address 747 Main Street #222</p> <p>City Concord State MA Zip Code 01742-</p> <p>Purpose of Disbursement payroll tax</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: 00920.E12406 Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 6495.54</p> <p>PAYROLL TAX</p>
<p>C. 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 work</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: 00920.E12476 Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 188.51</p> <p>BOTTLED WORK</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6788.19

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

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

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

FOR LINE NUMBER:
(check only one)

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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) Lakeside Office Park Quannapowitt 591 Mailing Address 591 North Avenue City Wakefield State MA Zip Code 01880- Purpose of Disbursement field office rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00920.E12480 Date of Disbursement 08 / 12 / 2010
	Amount of Each Disbursement this Period 1500.00 FIELD OFFICE RENT

B. Full Name (Last, First, Middle Initial) Lakeside Office Park Quannapowitt 591 Mailing Address 591 North Avenue City Wakefield State MA Zip Code 01880- Purpose of Disbursement field office rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00920.E12481 Date of Disbursement 08 / 19 / 2010
	Amount of Each Disbursement this Period 1500.00 FIELD OFFICE RENT

C. Full Name (Last, First, Middle Initial) Michael Rigas Mailing Address 24 Concord Ave, Apt 415 City Cambridge State MA Zip Code 02138- 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: 00920.E12454 Date of Disbursement 08 / 05 / 2010
	Amount of Each Disbursement this Period 1523.40 PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	4523.40
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) Michael Rigas</p> <p>Mailing Address 24 Concord Ave, Apt 415</p> <p>City Cambridge State MA Zip Code 02138-</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: 00920.E12455 Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1523.41</p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) Sprint/Nextel</p> <p>Mailing Address PO Box 17990</p> <p>City Denver State CO Zip Code 80217-</p> <p>Purpose of Disbursement cell phone 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: 00920.E12488 Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 83.73</p> <p>CELL PHONE FEE</p>
<p>C. Full Name (Last, First, Middle Initial) Public Opinion Strategies</p> <p>Mailing Address 277 South Washington Street, Suite</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement polling research fees</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: 00920.E12479 Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 40000.00</p> <p>POLLING RESEARCH FEES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

41607.14

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) Direct Mail Systems Mailing Address 12450 Automobile Boulevard City Clearwater State FL Zip Code 33762- Purpose of Disbursement direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00920.E12428 Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
	Amount of Each Disbursement this Period 1024.15 Category/Type DIRECT MAIL

B. Full Name (Last, First, Middle Initial) Direct Mail Systems Mailing Address 12450 Automobile Boulevard City Clearwater State FL Zip Code 33762- Purpose of Disbursement direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00920.E12427 Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
	Amount of Each Disbursement this Period 2329.36 Category/Type DIRECT MAIL

C. Full Name (Last, First, Middle Initial) Pierce Tria Mailing Address 210 Brooks Ben City Princeton State NJ Zip Code 08540- 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: 00920.E12474 Date of Disbursement MM / DD / YYYY 08 / 05 / 2010
	Amount of Each Disbursement this Period 1082.54 Category/Type PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	4436.05
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Pierce Tria</p> <p>Mailing Address 210 Brooks Ben</p> <p>City Princeton State NJ Zip Code 08540-</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</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: 00920.E12475</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1082.55"/></p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) Century Type Inc.</p> <p>Mailing Address 1020 Commonwealth Ave</p> <p>City Boston State MA Zip Code 02215-</p> <p>Purpose of Disbursement letterhead</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: 00920.E12424</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p>LETTERHEAD</p>
<p>C. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 1</p> <p>City Worcester State MA Zip Code 01654-</p> <p>Purpose of Disbursement telephone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00920.E12495</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1414.68"/></p> <p>TELEPHONE SERVICE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) William Walker	Transaction ID: 00920.E12496 Date of Disbursement 08 / 05 / 2010
	Mailing Address 24 Sidlaw Road Apt 3	Amount of Each Disbursement this Period 1418.13
	City Brighton State MA Zip Code 02135-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) William Walker	Transaction ID: 00920.E12497 Date of Disbursement 08 / 15 / 2010
	Mailing Address 24 Sidlaw Road Apt 3	Amount of Each Disbursement this Period 1418.14
	City Brighton State MA Zip Code 02135-	
	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) Michael Yacobian	Transaction ID: 00920.E12456 Date of Disbursement 08 / 05 / 2010
	Mailing Address Tabor Academy Young Republicans 66 Spring Street	Amount of Each Disbursement this Period 979.04
	City Marion State MA Zip Code 02738-	
	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)	3815.31
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) Michael Yacobian	Transaction ID: 00920.E12457 Date of Disbursement MM / DD / YYYY 08 / 15 / 2010
	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____
Amount of Each Disbursement this Period 979.03 PAYROLL	
B. Full Name (Last, First, Middle Initial) Michael Yacobian	Transaction ID: 00920.E12458 Date of Disbursement MM / DD / YYYY 08 / 26 / 2010
	Mailing Address: Tabor Academy Young Republicans 66 Spring Street City: Marion State: MA Zip Code: 02738- Purpose of Disbursement: reimbursement 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: _____
Amount of Each Disbursement this Period 250.00 REIMBURSEMENT	

SUBTOTAL of Disbursements This Page (optional)	▶	1229.03
TOTAL This Period (last page this line number only)	▶	17882.46

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)	PAGE 45 / 45	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect			Nature of Debt (Purpose): Original Debt for telemar- keting non-fea party rela- ted
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