



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		62748.60
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	113044.91									
(c) Total Receipts (from Line 19) .....	139848.44	533257.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	252893.35	596006.34								
7. Total Disbursements (from Line 31) .....	177400.30	520513.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	75493.05	75493.05								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	73700.00	388921.00
(i) Itemized (use Schedule A) .....	39959.00	97446.99
(ii) Unitemized .....	113659.00	486367.99
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	25000.00	45250.00
(c) Other Political Committees (such as PACs) .....	138659.00	531617.99
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1189.44	1639.75
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)) .....	139848.44	533257.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	139848.44	533257.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	144135.86	411525.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	144135.86	411525.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	10000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	33264.44	98987.76
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	33264.44	98987.76
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	177400.30	520513.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	177400.30	520513.29

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	138659.00	531617.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	138659.00	531617.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	144135.86	411525.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1189.44	1639.75
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	142946.42	409885.78

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 54
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Anheuser Busch PAC</b>		Date of Receipt MM / DD / YYYY 03 / 09 / 2006
Mailing Address Michael Roche 1401 I Street NW		<b>Transaction ID:</b> 60320.C156003
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer PAC	Occupation FEC #: C00034488	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. AstraZeneca PAC</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2006
Mailing Address Gerard Levesque 1800 Concord Pike		<b>Transaction ID:</b> 60410.C157536
City Wilmington State DE Zip Code 19850	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer PAC	Occupation FEC ID: C00279455	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Comcast Corporation PAC</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2006
Mailing Address 1500 Market Street 33rd Floor - East Tower		<b>Transaction ID:</b> 60410.C157259
City Philadelphia State PA Zip Code 19102	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer PAC	Occupation FEC #: C000248716	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 54</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) <b>A. Massachusetts Mutual PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address Ken Cohen 1295 State Street		<b>Transaction ID:</b> 60320.C156856
City Springfield State MA Zip Code 01111	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer PAC	Occupation FEC #: CC00118943	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. WMX- Waste Management PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006
Mailing Address David Tooley 601 Pennsylvania Ave		<b>Transaction ID:</b> 60320.C156744
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt
Name of Employer PAC- C00119008	Occupation PAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	25000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 54
	<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)  
Marie Antolick

Mailing Address P.O. Box 2185

City State Zip Code  
Edgartown MA 02539

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

Transaction ID: 60410.C157289

Amount of Each Receipt this Period  
200.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Douglas Butler

Mailing Address 30 Julio Dr.  
Apt. 245

City State Zip Code  
Shrewsbury MA 01545

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

Transaction ID: 60306.C155360

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
David Conlin

Mailing Address 171 Willow Rd.

City State Zip Code  
Nahant MA 01908

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

Name of Employer Edwards & Angell, LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2006

Transaction ID: 60320.C156772

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 54
	<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

Full Name (Last, First, Middle Initial) <b>A. Martin Crane</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 6 Fulling Mill Lane		Transaction ID: 60320.C156955	
City <b>Hingham</b>	State <b>MA</b>	Zip Code <b>02043</b>	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Self Employed	Occupation <b>Physician</b>	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. David Croll</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 52 Essex Rd.		Transaction ID: 60320.C156768	
City <b>Newton</b>	State <b>MA</b>	Zip Code <b>02467</b>	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer MC Venture Partners	Occupation <b>Venture Capitalist</b>	Aggregate Year-to-Date ▼ 10000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. John Davis</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 73 Twin Hills Dr.		Transaction ID: 60320.C156764	
City <b>Longmeadow</b>	State <b>MA</b>	Zip Code <b>01106</b>	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt	
Name of Employer Davis Foundation	Occupation <b>Trustee</b>	Aggregate Year-to-Date ▼ 10000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 54
	<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)  
Stephen Davis

Mailing Address PO Box 15709

City State Zip Code  
Springfield MA 01115

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2006

Transaction ID: 60320.C155712

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 7 Sassamon Rd

City State Zip Code  
Natick MA 01760

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

Name of Employer Argus Management Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2006

Transaction ID: 60320.C155868

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Charles Fuller

Mailing Address 33 High Ridge Road

City State Zip Code  
Boxford MA 01921

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

Name of Employer Fraen Corp Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2006

Transaction ID: 60320.C155622

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **950.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 54
	<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)  
Thomas Futter

Mailing Address 10 Ward Ave.

City Northampton State MA Zip Code 01060

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	6

Transaction ID: 60410.C157368

Amount of Each Receipt this Period  
300.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Bruce Herzfelder

Mailing Address 133 Beach Street

City Cohasset State MA Zip Code 02025

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

Name of Employer I-Group Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

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

Transaction ID: 60320.C155786

Amount of Each Receipt this Period  
10000.00

Receipt

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

Mailing Address 131 Commonwealth Ave.

City Boston State MA Zip Code 02116

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

Name of Employer Humphrey Enterprises Occupation Businessman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

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

Transaction ID: 60410.C157094

Amount of Each Receipt this Period  
10000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	20300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Martin Keane Mailing Address PO Box 459 City Norfolk State MA Zip Code 02056 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> 60320.C155604 Amount of Each Receipt this Period 250.00 Receipt
Name of Employer Occupation Martin A. Keane, Md Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Andrew Lane Mailing Address 132 South Bay Road City Osterville State MA Zip Code 02655 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6 <b>Transaction ID:</b> 60320.C156914 Amount of Each Receipt this Period 500.00 Receipt
Name of Employer Occupation Self-Employed Real Estate Developer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) An Ledang Mailing Address 1006 Randolph Ave City Milton State MA Zip Code 02186 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 60410.C157130 Amount of Each Receipt this Period 200.00 Receipt
Name of Employer Occupation Information Requested Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 54
	<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)  
Kent Lucken

Mailing Address 65 Fellsmere Road

City State Zip Code  
Newton MA 02459

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

Name of Employer Occupation  
The Citigroup Private Bank Private Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2006

Transaction ID: 60410.C157381

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Marsh

Mailing Address 1213 Heatherwood

City State Zip Code  
Yarmouth MA 02675

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2006

Transaction ID: 60320.C155906

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Holt Massey

Mailing Address 85 Merrimac Street

City State Zip Code  
Boston MA 02114

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

Name of Employer Occupation  
Massey & Co., LLC Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2006

Transaction ID: 60320.C156422

Amount of Each Receipt this Period  
10000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 54
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> John Moriarty		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2006	
Mailing Address 25 Prospect Street		Transaction ID: 60410.C157447	
City Winchester	State MA	Amount of Each Receipt this Period 10000.00	
Zip Code 01890		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Moriarty and Associates	Occupation Construction		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Gregory Morzano		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2006	
Mailing Address 107 Love Lane		Transaction ID: 60320.C156278	
City Weston	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 02493		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Mutual	Occupation Investment Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Christiane Munkholm		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006	
Mailing Address 165 Chestnut Hill Ave.		Transaction ID: 60410.C157385	
City Boston	State MA	Amount of Each Receipt this Period 200.00	
Zip Code 02135		Receipt	
FEC ID number of contributing federal political committee. C			
Name of Employer Seahorse Bioscience	Occupation chemist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	10450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael OMalley

Mailing Address 1 Kelly Ln.

City State Zip Code  
Hudson MA 01749

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2006

Transaction ID: 60320.C156305

Amount of Each Receipt this Period  
150.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Pearson

Mailing Address 62 Fairmount Street

City State Zip Code  
Lowell MA 01852

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

Name of Employer Information Requested Occupation Information Requested  
Pearson & Pearson/ Butler Bank Attorney/ Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2006

Transaction ID: 60320.C157011

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Richard Phipps

Mailing Address 1180 Main Street

City State Zip Code  
Wakefield MA 01880

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2006

Transaction ID: 60320.C155928

Amount of Each Receipt this Period  
100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 54
	<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)  
Richard Phipps

Mailing Address 1180 Main Street

City State Zip Code  
Wakefield MA 01880

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2006

Transaction ID: 60320.C156699

Amount of Each Receipt this Period  
100.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Bruce Swerling

Mailing Address 15 Pine St

City State Zip Code  
Weston MA 02493

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

Name of Employer Swerling Milton Warrick Occupation Insurance Adjustor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2006

Transaction ID: 60306.C155373

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Clayton Trefry

Mailing Address 21 Felton Ct.

City State Zip Code  
Saugus MA 01906

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2006

Transaction ID: 60320.C156983

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 54
	(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)  
Herbert Vaughan

Mailing Address 10 Longwood Drive  
Apartment 464

City State Zip Code  
Westwood MA 02090

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2006

Transaction ID: 60320.C155731

Amount of Each Receipt this Period  
200.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Andrew Wilde

Mailing Address 1210 Greendale Ave  
Apt E3

City State Zip Code  
Needham MA 02492

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2006

Transaction ID: 60306.C155350

Amount of Each Receipt this Period  
500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	73700.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 54	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)  
Matthew Gauvin

Mailing Address 42 McKay Avenue  
DO NOT MAIL- not donor

City State Zip Code  
Fitchburg MA 01420-

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

Name of Employer Occupation  
MassGOP Field Coordinator

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2006

Transaction ID: 60320.C156822

Amount of Each Receipt this Period  
1038.96

Offsets to Operating Expenditure

Note: cobra payment from former employee

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1038.96
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1038.96

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 54

<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

Full Name (Last, First, Middle Initial) <b>A. Associated Industries of Massachusetts</b>		<b>Transaction ID:</b> 60410.E8264
Mailing Address PO Box 4070		Date of Disbursement MM / DD / YYYY 03 / 09 / 2006
City Burlington	State MA	Zip Code 01803-
Purpose of Disbursement INSURANCE	<input type="checkbox"/>	Amount of Each Disbursement this Period 1925.00
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) ▼	INSURANCE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Affiliated Managers AMG</b>		<b>Transaction ID:</b> 60410.E8262
Mailing Address 600 Hale St.		Date of Disbursement MM / DD / YYYY 03 / 09 / 2006
City Beverly	State MA	Zip Code 01965-
Purpose of Disbursement ADMINISTATIVE OFFICE SUPPORT- NON FEA	<input type="checkbox"/>	Amount of Each Disbursement this Period 1205.00
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) ▼	ADMINISTATIVE OFFICE SUPP- ORT- NON FEA
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Rhonda Avola</b>		<b>Transaction ID:</b> 60410.E8263
Mailing Address 306 Main St. Unit 10		Date of Disbursement MM / DD / YYYY 03 / 09 / 2006
City Melrose	State MA	Zip Code 02176-
Purpose of Disbursement ADMINISTRATION SERVICE NON FEA NO FEDE	<input type="checkbox"/>	Amount of Each Disbursement this Period 1617.00
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) ▼	ADMINISTRATION SERVICE NON FEA NO FEDERAL CANIDATE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4747.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 54

<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

Full Name (Last, First, Middle Initial) <b>A. Brandon Barber</b>		<b>Transaction ID:</b> 60320.E8218 Date of Disbursement MM / DD / YYYY 03 / 02 / 2006
Mailing Address 106 Kendall Pond Rd.		Amount of Each Disbursement this Period 426.60
City Windham State NH Zip Code 03087-	Purpose of Disbursement REIMBURSEMENT- PARKING/ TRAVLE/ FOOD 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) ▼	REIMBURSEMENT- PARKING/ TRAVLE/ FOOD

Full Name (Last, First, Middle Initial) <b>B. Boston Beer Work</b>		<b>Transaction ID:</b> 60410.E8284 Date of Disbursement MM / DD / YYYY 03 / 23 / 2006
Mailing Address 112 Canal St.		Amount of Each Disbursement this Period 738.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement CATERING FOR RECEPTION- NON FEA NO FEDE 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) ▼	CATERING FOR RECEPTION- NON FEA NO FEDERAL CANIDA- TE

Full Name (Last, First, Middle Initial) <b>C. Boy Genius- Boy Genius Inc.</b>		<b>Transaction ID:</b> 60410.E8266 Date of Disbursement MM / DD / YYYY 03 / 16 / 2006
Mailing Address PO Box 61		Amount of Each Disbursement this Period 2248.75
City Pascoag State RI Zip Code 02859-	Purpose of Disbursement WEB HOSTING 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) ▼	WEB HOSTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3413.35</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 54

<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

Full Name (Last, First, Middle Initial) <b>A. Abby Brack Photography</b>		<b>Transaction ID:</b> 60320.E8217 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 19 Sheafe St.		Amount of Each Disbursement this Period 645.49
City Boston State MA Zip Code 02113-	PHOTOGRAPHY FOR PARTY EVE- NT NON-FEA NO FEDERAL CAN- DIDATE	
Purpose of Disbursement PHOTOGRAPHY FOR PARTY EVENT NON-FEA NO		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Repro-graphics Cambridge</b>		<b>Transaction ID:</b> 60410.E8285 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 21 McGrath Highway		Amount of Each Disbursement this Period 1574.51
City Somerville State MA Zip Code 02143-	GENERAL PRINTING NON-FEA NO FEDERAL CANDIDATE	
Purpose of Disbursement GENERAL PRINTING NON-FEA NO FEDERAL CA		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cambridge Offset Printing</b>		<b>Transaction ID:</b> 60320.E8209 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 56 Creighton Street		Amount of Each Disbursement this Period 3617.25
City Cambridge State MA Zip Code 02140-	GENERAL PRINTING NON-FEA NO FEDERAL CANDIDATE	
Purpose of Disbursement GENERAL PRINTING NON-FEA NO FEDERAL CA		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5837.25</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 54

<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

Full Name (Last, First, Middle Initial) <b>A. Coss Castle Self-Storage</b>		<b>Transaction ID:</b> 60410.E8267 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 39 Old Colony Ave.		Amount of Each Disbursement this Period 80.08
City Boston State MA Zip Code 02127-	STORAGE	
Purpose of Disbursement STORAGE		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Coss Castle Self-Storage</b>		<b>Transaction ID:</b> 60410.E8318 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 39 Old Colony Ave.		Amount of Each Disbursement this Period 289.12
City Boston State MA Zip Code 02127-	STORAGE	
Purpose of Disbursement STORAGE		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. CDW CDW</b>		<b>Transaction ID:</b> 60320.E8220 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 50 S. LaSalle Street		Amount of Each Disbursement this Period 329.00
City Chicago State IL Zip Code 60675-	COMPUTER EQUIPMENT	
Purpose of Disbursement COMPUTER EQUIPMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	698.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. CDW CDW</b>		Transaction ID: 60410.E8252 Date of Disbursement MM / DD / YYYY 03 / 09 / 2006	
Mailing Address 50 S. LaSalle Street		Amount of Each Disbursement this Period 605.05	
City Chicago State IL Zip Code 60675-	Purpose of Disbursement COMPUTER EQUIPMENT	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) ▼	COMPUTER EQUIPMENT	

Full Name (Last, First, Middle Initial) <b>B. CDW CDW</b>		Transaction ID: 60410.E8268 Date of Disbursement MM / DD / YYYY 03 / 16 / 2006	
Mailing Address 50 S. LaSalle Street		Amount of Each Disbursement this Period 427.63	
City Chicago State IL Zip Code 60675-	Purpose of Disbursement COMPUTER EQUIPMENT	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) ▼	COMPUTER EQUIPMENT	

Full Name (Last, First, Middle Initial) <b>C. CPMA, Inc.</b>		Transaction ID: 60320.E8221 Date of Disbursement MM / DD / YYYY 03 / 02 / 2006	
Mailing Address 84 Prescott St. Suite 21		Amount of Each Disbursement this Period 11000.00	
City Cambridge State MA Zip Code 02138-	Purpose of Disbursement GENERAL - CONSULTING NON FEA NO POLITI	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) ▼	GENERAL - CONSULTING NON FEA NO POLITICAL CANDIDATE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12032.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Paul Craney</b>		Transaction ID: 60320.E8223 Date of Disbursement MM / DD / YYYY 03 / 02 / 2006	
Mailing Address 177 Cambridge Ave		Amount of Each Disbursement this Period 6.00	
City Fair Haven State NJ Zip Code 07704-	Purpose of Disbursement REIMBURSEMENT- PARKING/TRAVLE/FOOD	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- PARKING/TR- AVLE/FOOD	

Full Name (Last, First, Middle Initial) <b>B. Paul Craney</b>		Transaction ID: 60320.E8213 Date of Disbursement MM / DD / YYYY 03 / 06 / 2006	
Mailing Address 177 Cambridge Ave		Amount of Each Disbursement this Period 60.80	
City Fair Haven State NJ Zip Code 07704-	Purpose of Disbursement REIMBURSEMENT- PARKING/TRAVLE/FOOD	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- PARKING/TR- AVLE/FOOD	

Full Name (Last, First, Middle Initial) <b>C. Paul Craney</b>		Transaction ID: 60410.E8257 Date of Disbursement MM / DD / YYYY 03 / 09 / 2006	
Mailing Address 177 Cambridge Ave		Amount of Each Disbursement this Period 344.30	
City Fair Haven State NJ Zip Code 07704-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	411.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Paul Craney</b>		<b>Transaction ID:</b> 60410.E8291 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 23 / 2006
Mailing Address 177 Cambridge Ave		Amount of Each Disbursement this Period 25.44
City Fair Haven State NJ Zip Code 07704-	Purpose of Disbursement REIMBURSEMENT- PARKING/ TRAVEL/ FOOD 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) ▼	REIMBURSEMENT- PARKING/ TRAVEL/ FOOD

Full Name (Last, First, Middle Initial) <b>B. Dell Dell Computer</b>		<b>Transaction ID:</b> 60410.E8286 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 23 / 2006
Mailing Address PO Box 9020		Amount of Each Disbursement this Period 278.19
City Des Moines State IA Zip Code 50368-9020	Purpose of Disbursement COMPUTER EQUIPMENT 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) ▼	COMPUTER EQUIPMENT

Full Name (Last, First, Middle Initial) <b>C. DirecTV DirecTV</b>		<b>Transaction ID:</b> 60410.E8269 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 16 / 2006
Mailing Address PO Box 60036		Amount of Each Disbursement this Period 144.90
City Los Angeles State CA Zip Code 90060-0036	Purpose of Disbursement CABLE SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CABLE SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>448.53</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) <b>A. Donatelli Avella, Inc.</b>		<b>Transaction ID:</b> 60410.E8321 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 29 / 2006
Mailing Address P.O. Box 25784		Amount of Each Disbursement this Period 3392.48
City Alexandria State VA Zip Code 22313-	Purpose of Disbursement GENERAL CANDIDATE RECRUITMENT MAILING NO 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) ▼	GENERAL CANDIDATE RECRUITMENT MAILING NON-FEA CANDIDATE

Full Name (Last, First, Middle Initial) <b>B. Federal Express (Fed Ex)</b>		<b>Transaction ID:</b> 60410.E8278 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 20 / 2006
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 112.69
City Pittsburgh State PA Zip Code 15250-	Purpose of Disbursement SHIPPING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SHIPPING

Full Name (Last, First, Middle Initial) <b>C. Brandon Finn</b>		<b>Transaction ID:</b> 60410.E8319 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 30 / 2006
Mailing Address 163 Belmont St. Apt.1		Amount of Each Disbursement this Period 106.20
City Belmont State MA Zip Code 02478-	Purpose of Disbursement RIEMBURSEMENT- PARKING/ TRAVLE/ FOOD 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) ▼	RIEMBURSEMENT- PARKING/ TRAVLE/ FOOD

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3611.37</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A. Full Impact Production</b> Full Name (Last, First, Middle Initial) Mailing Address 50 Springfield Street City Belmont State MA Zip Code 02478- Purpose of Disbursement EVENT PLANNING FEE- GENERAL PARTY EVENT 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>Transaction ID:</b> 60411.E8331 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 4048.00 EVENT PLANNING FEE- GENERAL PARTY EVENT NON-FEA
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<b>B. Garage Government Center</b> Full Name (Last, First, Middle Initial) Mailing Address 50 New Sudbury Street City Boston State MA Zip Code 02114- Purpose of Disbursement PARKING 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>Transaction ID:</b> 60410.E8320 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 1200.00 PARKING
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<b>C. Guardian Guardian</b> Full Name (Last, First, Middle Initial) Mailing Address Boston Group Office 1 Liberty Square City Boston State MA Zip Code 02109- Purpose of Disbursement INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60411.E8328 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 814.88 INSURANCE
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6062.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Bruce Harrison</b>		<b>Transaction ID: 60320.E8219</b> Date of Disbursement MM / DD / YYYY 03 / 02 / 2006	
Mailing Address 101 Elm St		Amount of Each Disbursement this Period 1000.00	
City Wakefield State MA Zip Code 01880-	Purpose of Disbursement GENERAL ADMINISTRATIVE SERVICE- NON FEA	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) ▼	GENERAL ADMINISTRATIVE SE- RVICE- NON FEA NO FEDERAL CANDIDATE	

Full Name (Last, First, Middle Initial) <b>B. Bruce Harrison</b>		<b>Transaction ID: 60410.E8251</b> Date of Disbursement MM / DD / YYYY 03 / 09 / 2006	
Mailing Address 101 Elm St		Amount of Each Disbursement this Period 32.24	
City Wakefield State MA Zip Code 01880-	Purpose of Disbursement REIMBURSEMENT- PARKING/ TRAVLE/ FOOD	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- PARKING/ TRAVLE/ FOOD	

Full Name (Last, First, Middle Initial) <b>C. HPH Inc. Harvard Pilgram Heal</b>		<b>Transaction ID: 60410.E8279</b> Date of Disbursement MM / DD / YYYY 03 / 20 / 2006	
Mailing Address 1200 Crown Colony Dr.		Amount of Each Disbursement this Period 5515.62	
City Quincy State MA Zip Code 02169-	Purpose of Disbursement HEALTH INSURANCE	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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6547.86</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Backbay Hilton Boston</b>		<b>Transaction ID:</b> 60410.E8280 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 20 / 2006
Mailing Address 40 Dalton St.		Amount of Each Disbursement this Period 4050.00
City Boston State MA Zip Code 02115-	Purpose of Disbursement EVENT ROOM AND CATERING NON FEA EVENT 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) ▼	EVENT ROOM AND CATERING NON FEA EVENT NO FEDERAL CANDIDATE

Full Name (Last, First, Middle Initial) <b>B. Michael Segal Insta Trac Inc.</b>		<b>Transaction ID:</b> 60410.E8277 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 16 / 2006
Mailing Address 47 Winter St.		Amount of Each Disbursement this Period 4200.00
City Boston State MA Zip Code 02108-	Purpose of Disbursement RESEARCH 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) ▼	RESEARCH

Full Name (Last, First, Middle Initial) <b>C. Intranets.Com Intranets.Com</b>		<b>Transaction ID:</b> 60320.E8210 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 06 / 2006
Mailing Address PO Box 414725		Amount of Each Disbursement this Period 140.00
City Boston State MA Zip Code 02241-4725	Purpose of Disbursement COMPUTER SERVICECE 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) ▼	COMPUTER SERVICECE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8390.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A. Jason Kauppi</b> Full Name (Last, First, Middle Initial) Mailing Address: Kauppi Communications 28 State St. City: Boston State: MA Zip Code: 02109-		<b>Transaction ID: 60320.E8222</b> Date of Disbursement: 03 / 02 / 2006 Amount of Each Disbursement this Period: 4000.00 Purpose of Disbursement: PR CONSULTING/ WRITING (NON-FEA GENERAL) Candidate Name: <input type="text"/> Category/Type: <input type="text"/> 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:
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<b>B. Jason Kauppi</b> Full Name (Last, First, Middle Initial) Mailing Address: Kauppi Communications 28 State St. City: Boston State: MA Zip Code: 02109-		<b>Transaction ID: 60410.E8281</b> Date of Disbursement: 03 / 20 / 2006 Amount of Each Disbursement this Period: 7500.00 Purpose of Disbursement: PR CONSULTING/ WRITING (NON-FEA GENERAL) Candidate Name: <input type="text"/> Category/Type: <input type="text"/> 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:
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<b>C. Lexis-Nexis</b> Full Name (Last, First, Middle Initial) Mailing Address: PO Box 7247-7090 City: Philadelphia State: PA Zip Code: 19170-		<b>Transaction ID: 60410.E8271</b> Date of Disbursement: 03 / 16 / 2006 Amount of Each Disbursement this Period: 913.00 Purpose of Disbursement: RESEARCH DATA Candidate Name: <input type="text"/> Category/Type: <input type="text"/> 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:
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>12413.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. Locke-Ober Locke-Ober Banquets</b>		<b>Transaction ID:</b> 60410.E8287 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 3 Winter Place Attn: Julia Anderson		Amount of Each Disbursement this Period 2500.00
City Boston State MA Zip Code 02108-	EVENT CATERING NON-FEA NO FEDERAL CANDIDATE	
Purpose of Disbursement EVENT CATERING NON-FEA NO FEDERAL CAND		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) ▼

Full Name (Last, First, Middle Initial) <b>B. Locke-Ober Locke-Ober Banquets</b>		<b>Transaction ID:</b> 60410.E8294 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 3 Winter Place Attn: Julia Anderson		Amount of Each Disbursement this Period 60.00
City Boston State MA Zip Code 02108-	EVENT CATERING NON-FEA NO FEDERAL CANDIDATE	
Purpose of Disbursement EVENT CATERING NON-FEA NO FEDERAL CAND		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) ▼

Full Name (Last, First, Middle Initial) <b>C. Lotus Designs</b>		<b>Transaction ID:</b> 60410.E8272 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 547 A Columbus Ave.		Amount of Each Disbursement this Period 361.25
City Boston State MA Zip Code 02118-	EVENT SUPPLIES- TABLE CENTER PIECES FOR GENERAL PARTY EVENT. NON FEA EVENT NO FEDERAL CAND	
Purpose of Disbursement EVENT SUPPLIES- TABLE CENTER PIECES FOR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2921.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Boston Marriott Newton</b>		<b>Transaction ID:</b> 60410.E8289 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 2345 Commonwealth Ave.		Amount of Each Disbursement this Period 2407.37
City Newton State MA Zip Code 02466-	Purpose of Disbursement EVENT ROOM AND CATERING NON-FEA NO FED 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) ▼	EVENT ROOM AND CATERING NON-FEA NO FEDERAL CANDIDATE

Full Name (Last, First, Middle Initial) <b>B. Konica Minolta Business Systems</b>		<b>Transaction ID:</b> 60410.E8270 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 7247-0322		Amount of Each Disbursement this Period 976.70
City Philadelphia State PA Zip Code 19170-0322	Purpose of Disbursement COPIER RENTAL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COPIER RENTAL

Full Name (Last, First, Middle Initial) <b>C. Konica Minolta Business Systems</b>		<b>Transaction ID:</b> 60410.E8255 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 7247-0322		Amount of Each Disbursement this Period 58.57
City Philadelphia State PA Zip Code 19170-0322	Purpose of Disbursement COPIER TONER 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) ▼	COPIER TONER

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3442.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. OBrien Inc.- OBrien Communicatio</b>		<b>Transaction ID:</b> 60410.E8283 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 20 / 2006
Mailing Address PO Box 659		Amount of Each Disbursement this Period 432.50
City Wrentham	State MA Zip Code 02093-	
Purpose of Disbursement TELEPHONE SERVICE		TELEPHONE SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Omni Parker House</b>		<b>Transaction ID:</b> 60320.E8211 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 06 / 2006
Mailing Address 60 School Street		Amount of Each Disbursement this Period 294.39
City Boston	State MA Zip Code 02108-	
Purpose of Disbursement EVENT-ROOM CHARGE FOR GENERAL PARTY EVEN		EVENT-ROOM CHARGE FOR GENERAL PARTY EVENT NON FEA NO FEDERAL CANDIDATE
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ox-Eye Properties</b>		<b>Transaction ID:</b> 60410.E8256 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 09 / 2006
Mailing Address c/o Massey & Co. 85 Merrimac Street		Amount of Each Disbursement this Period 808.38
City Boston	State MA Zip Code 02114-	
Purpose of Disbursement RENT		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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1535.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 54

<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

Full Name (Last, First, Middle Initial) <b>A. Ox-Eye Properties</b>		<b>Transaction ID:</b> 60410.E8290 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 23 / 2006
Mailing Address c/o Massey & Co. 85 Merrimac Street		Amount of Each Disbursement this Period 4971.30
City Boston State MA Zip Code 02114-	Category/ Type  RENT	
Purpose of Disbursement 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paychex/InterPay</b>		<b>Transaction ID:</b> 60320.E8208 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 09 / 2006
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 1480.76
City Boston State MA Zip Code 02266-	Category/ Type  PAYROLL-401 K	
Purpose of Disbursement PAYROLL-401 K		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paychex/InterPay</b>		<b>Transaction ID:</b> 60320.E8207 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 09 / 2006
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 8597.80
City Boston State MA Zip Code 02266-	Category/ Type  PAYROLL-TAX	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15049.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 54

<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

Full Name (Last, First, Middle Initial) <b>A. Paychex/InterPay</b>		<b>Transaction ID:</b> 60411.E8330 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 160.00
City Boston State MA Zip Code 02266-	Purpose of Disbursement PAYROLL SERVICE-401 K 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) ▼	PAYROLL SERVICE-401 K

Full Name (Last, First, Middle Initial) <b>B. Paychex/InterPay</b>		<b>Transaction ID:</b> 60411.E8329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 150.91
City Boston State MA Zip Code 02266-	Purpose of Disbursement PAYROLL SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL SERVICE

Full Name (Last, First, Middle Initial) <b>C. Paychex/InterPay</b>		<b>Transaction ID:</b> 60410.E8249 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 9225.48
City Boston State MA Zip Code 02266-	Purpose of Disbursement PAYROLL-TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL-TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9536.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 54

<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

Full Name (Last, First, Middle Initial) <b>A. Paychex/InterPay</b>		<b>Transaction ID:</b> 60410.E8250 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 1480.76
City Boston State MA Zip Code 02266-	PAYROLL-401 K	
Purpose of Disbursement PAYROLL-401 K		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) ▼

Full Name (Last, First, Middle Initial) <b>B. Poland Spring Poland Spring</b>		<b>Transaction ID:</b> 60410.E8282 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address Processing Center PO Box 52271		Amount of Each Disbursement this Period 65.14
City Phoenix State AZ Zip Code 85072-	BOTTLE WATER	
Purpose of Disbursement BOTTLE WATER		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) ▼

Full Name (Last, First, Middle Initial) <b>C. Boston Postmaster</b>		<b>Transaction ID:</b> 60320.E8224 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address JW MCCORMACK STATION New Chardon Street		Amount of Each Disbursement this Period 3632.25
City Boston State MA Zip Code 02114-	POSTAGE-GENERAL USE- NOT RELATED TO FEDERAL CANDID- ATE	
Purpose of Disbursement POSTAGE-GENERAL USE- NOT RELATED TO FEDE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5178.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Boston Postmaster</b>		Transaction ID: 60410.E8292 Date of Disbursement 03 / 23 / 2006
Mailing Address JW MCCORMACK STATION New Chardon Street		Amount of Each Disbursement this Period 40.00
City Boston State MA Zip Code 02114-	POSTAGE-GENERAL USE NON-FEA	
Purpose of Disbursement POSTAGE-GENERAL USE NON-FEA		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jinara Reyes</b>		Transaction ID: 60410.E8254 Date of Disbursement 03 / 09 / 2006
Mailing Address 66 Greenleaf St. Apt. # 33		Amount of Each Disbursement this Period 131.80
City Quincy State MA Zip Code 02169-	REIMBURSEMENT- PARKING/ TRAVEL/ FOOD	
Purpose of Disbursement REIMBURSEMENT- PARKING/ TRAVEL/ FOOD		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ritz Carlton Hotel</b>		Transaction ID: 60410.E8322 Date of Disbursement 03 / 29 / 2006
Mailing Address 15 Arlington St.		Amount of Each Disbursement this Period 63.70
City Boston State MA Zip Code 02118-	EVENT CATERING FOR GENERAL PARTY EVENT NON FEA NO FE- DERAL CANDIDATE	
Purpose of Disbursement EVENT CATERING FOR GENERAL PARTY EVENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	235.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A. Steven Roche</b> Full Name (Last, First, Middle Initial) Mailing Address 70 Hope Ave. Apt 302 City Waltham State MA Zip Code 02453-		<b>Transaction ID: 60320.E8227</b> Date of Disbursement 03 / 02 / 2006 Amount of Each Disbursement this Period 4970.91
Purpose of Disbursement REIMBURSEMENT: SEE BELOW 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) ▼		REIMBURSEMENT: SEE BELOW

<b>B. Omni Parker House</b> Full Name (Last, First, Middle Initial) Mailing Address 60 School Street City Boston State MA Zip Code 02108-		<b>Transaction ID: 60320.E8228</b> Date of Disbursement 03 / 02 / 2006 Amount of Each Disbursement this Period 1974.19
Purpose of Disbursement S. ROCHE REIMBURSEMENT FOR EVENT CHARGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: S. ROCHE REIMBURSEMENT FOR EVENT CHARGE

<b>C. Laz Parking Ltd.</b> Full Name (Last, First, Middle Initial) Mailing Address 101 Merrimac Street City Boston State MA Zip Code 02114-		<b>Transaction ID: 60320.E8230</b> Date of Disbursement 03 / 02 / 2006 Amount of Each Disbursement this Period 375.00
Purpose of Disbursement S. ROCHE REIMBURSEMENT FOR PARKING 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) ▼		[MEMO ITEM] MEMO: S. ROCHE REIMBURSEMENT FOR PARKING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4970.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ritz Carlton Hotel</b>		Transaction ID: 60320.E8229 Date of Disbursement MM / DD / YYYY 03 / 02 / 2006	
Mailing Address 15 Arlington St.		Amount of Each Disbursement this Period 2222.62	
City Boston State MA Zip Code 02118-	Purpose of Disbursement S.ROCHE REIMBURSEMENT OF EVENT CHARGE Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> MEMO: S.ROCHE REIMBURSEMENT OF EVENT CHARGE
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) ▼			

Full Name (Last, First, Middle Initial) <b>B. Steven Roche</b>		Transaction ID: 60320.E8214 Date of Disbursement MM / DD / YYYY 03 / 06 / 2006	
Mailing Address 70 Hope Ave. Apt 302		Amount of Each Disbursement this Period 465.90	
City Waltham State MA Zip Code 02453-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	Category/ Type	REIMBURSEMENT: SEE BELOW
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) ▼			

Full Name (Last, First, Middle Initial) <b>C. Occidental The Occidental</b>		Transaction ID: 60320.E8215 Date of Disbursement MM / DD / YYYY 03 / 06 / 2006	
Mailing Address 1475 Pennylvannia Ave. NW		Amount of Each Disbursement this Period 236.80	
City Washington State DC Zip Code 20004-	Purpose of Disbursement S.ROCHE REIMBURSEMENT FOR MEALS Candidate Name	Category/ Type	<b>[MEMO ITEM]</b> MEMO: S.ROCHE REIMBURSEMENT FOR MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	465.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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

<b>A. Priscilla Ruzzo</b> Full Name (Last, First, Middle Initial) Mailing Address 85 Overlook Road City Boston State MA Zip Code 02132-		<b>Transaction ID: 60320.E8225</b> Date of Disbursement MM / DD / YYYY 03 / 02 / 2006
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 239.75 Category/Type PAYROLL

<b>B. Ensieh Sarrami</b> Full Name (Last, First, Middle Initial) Mailing Address 9214 Inglewood Dr. City Potomac State MD Zip Code 20854-		<b>Transaction ID: 60410.E8317</b> Date of Disbursement MM / DD / YYYY 03 / 30 / 2006
Purpose of Disbursement REIMBURSEMENT- PARKING/ TRAVLE/ FOOD- AL 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 407.98 Category/Type REIMBURSEMENT- PARKING/ TRAVLE/ FOOD- ALL UNDER \$50- NO NEEDED

<b>C. SCM Associates</b> Full Name (Last, First, Middle Initial) Mailing Address Steve Meyers PO Box 720 City Jaffrey State NH Zip Code 03452-		<b>Transaction ID: 60320.E8226</b> Date of Disbursement MM / DD / YYYY 03 / 02 / 2006
Purpose of Disbursement DIRECT MAILING AND TELEMARKETING NON-FE 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 1300.74 Category/Type DIRECT MAILING AND TELEMA- RKETING NON-FEA NO FEDERAL CANDIDATE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1948.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 54

<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

Full Name (Last, First, Middle Initial) <b>A. SCM Associates</b>		<b>Transaction ID:</b> 60410.E8273 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address Steve Meyers PO Box 720		Amount of Each Disbursement this Period 12023.64
City Jaffrey State NH Zip Code 03452-	Purpose of Disbursement DIRECT MAILING AND TELEMARKEING NON FEA 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) ▼	DIRECT MAILING AND TELEMARKEING NON FEA NO FEDERAL CANDIDATE

Full Name (Last, First, Middle Initial) <b>B. SCM Associates</b>		<b>Transaction ID:</b> 60410.E8323 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address Steve Meyers PO Box 720		Amount of Each Disbursement this Period 14960.79
City Jaffrey State NH Zip Code 03452-	Purpose of Disbursement DIRECT MAILING AND TELEMARKEING NON FE 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) ▼	DIRECT MAILING AND TELEMARKEING NON FEA NO FEDERAL CANDIDATE

Full Name (Last, First, Middle Initial) <b>C. Lydia Shire</b>		<b>Transaction ID:</b> 60410.E8288 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 137 Wellesley Street		Amount of Each Disbursement this Period 230.74
City Weston State MA Zip Code 02493-	Purpose of Disbursement REIMBURSEMENT FOR EVENT FOOD NON FEA EV 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) ▼	REIMBURSEMENT FOR EVENT FOOD NON FEA EVENT NO FEDERAL CANDIDATE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>27215.17</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Staples, Inc.</b>		Transaction ID: 60410.E8324 Date of Disbursement MM / DD / YYYY 03 / 29 / 2006
Mailing Address Staples Credit Plan Dept. 80 - 0088936796		Amount of Each Disbursement this Period 104.95
City Des Moines	State IA	
Purpose of Disbursement OFFICE SUPPLIES		OFFICE SUPPLIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. T-Mobile T-Mobile</b>		Transaction ID: 60410.E8274 Date of Disbursement MM / DD / YYYY 03 / 16 / 2006
Mailing Address PO Box 790047		Amount of Each Disbursement this Period 1190.68
City Saint Louis	State MO	
Purpose of Disbursement PHONE SERVICE		PHONE SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Amaral Group</b>		Transaction ID: 60410.E8261 Date of Disbursement MM / DD / YYYY 03 / 09 / 2006
Mailing Address 201 Great Rd. Suite #2		Amount of Each Disbursement this Period 2120.00
City Acton	State MA	
Purpose of Disbursement NETWORK SUPPORT		NETWORK SUPPORT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3415.63</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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

Full Name (Last, First, Middle Initial) <b>A. The Amaral Group</b>		<b>Transaction ID:</b> 60410.E8293 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 201 Great Rd. Suite #2		Amount of Each Disbursement this Period 1280.00
City Acton State MA Zip Code 01720-	Purpose of Disbursement NETWORK SUPPORT 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) ▼	NETWORK SUPPORT

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		<b>Transaction ID:</b> 60410.E8275 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 1		Amount of Each Disbursement this Period 972.82
City Worcester State MA Zip Code 01654-	Purpose of Disbursement PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE

Full Name (Last, First, Middle Initial) <b>C. Verizon- Verizon Internet Ser</b>		<b>Transaction ID:</b> 60410.E8276 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address PO Box 101096		Amount of Each Disbursement this Period 767.62
City Atlanta State GA Zip Code 30392-	Purpose of Disbursement INTERNET SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERNET SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3020.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A. Robert Willington</b> Full Name (Last, First, Middle Initial) Mailing Address 12 Arlington Street City Reading State MA Zip Code 01867-		Transaction ID: 60410.E8259 Date of Disbursement 03 / 09 / 2006 Amount of Each Disbursement this Period 162.34
Purpose of Disbursement REIMBURSEMENT: SEE BELOW 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) ▼		REIMBURSEMENT: SEE BELOW
<b>B. Anthem Restaurant</b> Full Name (Last, First, Middle Initial) Mailing Address 138 Portland St. City Boston State MA Zip Code 02114-		Transaction ID: 60410.E8260 Date of Disbursement 03 / 09 / 2006 Amount of Each Disbursement this Period 105.99
Purpose of Disbursement R.WILLINGTON REIMBURSEMENT FOR MEALS 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) ▼		[MEMO ITEM] MEMO: R.WILLINGTON REIMBURSEMENT FOR MEALS
<b>C. Hogi Yoon</b> Full Name (Last, First, Middle Initial) Mailing Address 400 Mass Ave. #34 City Boston State MA Zip Code 02115-		Transaction ID: 60410.E8253 Date of Disbursement 03 / 09 / 2006 Amount of Each Disbursement this Period 400.00
Purpose of Disbursement EVENT ENTERTAINMENT- MUSICIAN FOR GENERA 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) ▼		EVENT ENTERTAINMENT- MUSICIAN FOR GENERAL PARTY EVENT; NON-FEA

**SUBTOTAL** of Disbursements This Page (optional) ..... **562.34**

**TOTAL** This Period (last page this line number only) ..... **144111.14**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A. Brandon Barber</b> Full Name (Last, First, Middle Initial) Mailing Address 106 Kendall Pond Rd. City Windham State NH Zip Code 03087-		<b>Transaction ID: 60320.E8196</b> Date of Disbursement 03 / 09 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1022.44 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B. Brandon Barber</b> Full Name (Last, First, Middle Initial) Mailing Address 106 Kendall Pond Rd. City Windham State NH Zip Code 03087-		<b>Transaction ID: 60410.E8235</b> Date of Disbursement 03 / 23 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1022.44 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C. Paul Craney</b> Full Name (Last, First, Middle Initial) Mailing Address 177 Cambridge Ave City Fair Haven State NJ Zip Code 07704-		<b>Transaction ID: 60320.E8197</b> Date of Disbursement 03 / 09 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1080.10 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3124.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A. Paul Craney</b> Full Name (Last, First, Middle Initial) Mailing Address 177 Cambridge Ave City Fair Haven State NJ Zip Code 07704-		<b>Transaction ID: 60410.E8236</b> Date of Disbursement MM / DD / YYYY 03 / 23 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1080.10 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

<b>B. Brandon Finn</b> Full Name (Last, First, Middle Initial) Mailing Address 163 Belmont St. Apt.1 City Belmont State MA Zip Code 02478-		<b>Transaction ID: 60320.E8198</b> Date of Disbursement MM / DD / YYYY 03 / 09 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1016.65 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

<b>C. Brandon Finn</b> Full Name (Last, First, Middle Initial) Mailing Address 163 Belmont St. Apt.1 City Belmont State MA Zip Code 02478-		<b>Transaction ID: 60410.E8237</b> Date of Disbursement MM / DD / YYYY 03 / 23 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1016.65 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3113.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Lyndsay Jones</b>		<b>Transaction ID:</b> 60410.E8238 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 95 West Squantum St. #707		Amount of Each Disbursement this Period 530.47
City North Quincy State MA Zip Code 02171-	PAYROLL	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Samantha Levine</b>		<b>Transaction ID:</b> 60410.E8239 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 15 Oak St.		Amount of Each Disbursement this Period 474.32
City Chestnut Hill State MA Zip Code 02467-	PAYROLL	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ladd Moore</b>		<b>Transaction ID:</b> 60320.E8199 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 51 Phillips St. Apt. # 1		Amount of Each Disbursement this Period 967.04
City Boston State MA Zip Code 02114-	PAYROLL	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1971.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ladd Moore		<b>Transaction ID:</b> 60410.E8240 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 51 Phillips St. Apt. # 1		Amount of Each Disbursement this Period 967.04
City Boston State MA Zip Code 02114-	PAYROLL	
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) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Jinara Reyes		<b>Transaction ID:</b> 60320.E8200 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 66 Greenleaf St. Apt. # 33		Amount of Each Disbursement this Period 1323.34
City Quincy State MA Zip Code 02169-	PAYROLL	
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) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Jinara Reyes		<b>Transaction ID:</b> 60410.E8241 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 66 Greenleaf St. Apt. # 33		Amount of Each Disbursement this Period 1323.34
City Quincy State MA Zip Code 02169-	PAYROLL	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3613.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A. Ruth Rice</b> Full Name (Last, First, Middle Initial) Mailing Address 44 Church St. City North Andover State MA Zip Code 01845-		<b>Transaction ID: 60410.E8242</b> Date of Disbursement 03 / 23 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 829.67 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B. Steven Roche</b> Full Name (Last, First, Middle Initial) Mailing Address 70 Hope Ave. Apt 302 City Waltham State MA Zip Code 02453-		<b>Transaction ID: 60320.E8201</b> Date of Disbursement 03 / 09 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 2739.53 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C. Steven Roche</b> Full Name (Last, First, Middle Initial) Mailing Address 70 Hope Ave. Apt 302 City Waltham State MA Zip Code 02453-		<b>Transaction ID: 60410.E8243</b> Date of Disbursement 03 / 23 / 2006
Purpose of Disbursement PARYOLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 2739.53 PARYOLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6308.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mark Rowe</b>		Transaction ID: 60320.E8202 Date of Disbursement MM / DD / YYYY 03 / 09 / 2006	
Mailing Address 216 W. Plain St.		Amount of Each Disbursement this Period 1206.39	
City Wayland	State MA	Zip Code 01778-	Category/ Type  PAYROLL
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) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mark Rowe</b>		Transaction ID: 60410.E8244 Date of Disbursement MM / DD / YYYY 03 / 23 / 2006	
Mailing Address 216 W. Plain St.		Amount of Each Disbursement this Period 1206.39	
City Wayland	State MA	Zip Code 01778-	Category/ Type  PAYROLL
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) ▼			

Full Name (Last, First, Middle Initial) <b>C. Priscilla Ruzzo</b>		Transaction ID: 60320.E8203 Date of Disbursement MM / DD / YYYY 03 / 09 / 2006	
Mailing Address 85 Overlook Road		Amount of Each Disbursement this Period 1599.22	
City Boston	State MA	Zip Code 02132-	Category/ Type  PAYROLL
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) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4012.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A. Priscilla Ruzzo</b> Full Name (Last, First, Middle Initial) Mailing Address 85 Overlook Road City Boston State MA Zip Code 02132-		<b>Transaction ID: 60410.E8245</b> Date of Disbursement 03 / 23 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1599.22 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B. Ensieh Sarrami</b> Full Name (Last, First, Middle Initial) Mailing Address 9214 Inglewood Dr. City Potomac State MD Zip Code 20854-		<b>Transaction ID: 60320.E8204</b> Date of Disbursement 03 / 09 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 967.03 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C. Ensieh Sarrami</b> Full Name (Last, First, Middle Initial) Mailing Address 9214 Inglewood Dr. City Potomac State MD Zip Code 20854-		<b>Transaction ID: 60410.E8246</b> Date of Disbursement 03 / 23 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 967.03 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3533.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 54

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

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

Full Name (Last, First, Middle Initial) <b>A. Robert Willington</b>		<b>Transaction ID:</b> 60320.E8205 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 12 Arlington Street		Amount of Each Disbursement this Period 1231.44
City Reading State MA Zip Code 01867-	PAYROLL	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Robert Willington</b>		<b>Transaction ID:</b> 60410.E8247 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 12 Arlington Street		Amount of Each Disbursement this Period 1231.44
City Reading State MA Zip Code 01867-	PARYOLL	
Purpose of Disbursement PARYOLL		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Matthew Wylie</b>		<b>Transaction ID:</b> 60320.E8206 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 169 Monsignor OBrien Highway #705		Amount of Each Disbursement this Period 2561.81
City Cambridge State MA Zip Code 02141-	PAYROLL	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5024.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 54

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

**A.** Matthew Wylie

Mailing Address 169 Monsignor OBrien Highway  
#705

City Cambridge State MA Zip Code 02141-

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60410.E8248

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2561.81

PAYROLL

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

2561.81

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

33264.44

Image# 26950085435

Form/Schedule: **F3XN**

Transaction ID: **C00042622**

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED ANY FEDERAL CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY IS REQUIRED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided. Matthew (Mathieu) Gauvin- offset to operations was for CO-BRA health-insurance coverage reimbursement (paid to Harvard Pilgrim Healthcare) for former employee

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