

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2009 through 03 31 2009

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 06 11 2009

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

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

**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	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		22603.34
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	46272.03									
(c) Total Receipts (from Line 19)	75127.32	207663.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	121399.35	230267.06								
7. Total Disbursements (from Line 31)	56827.06	165694.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64572.29	64572.29								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	21089.09									

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	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	56358.33	167788.33
(i) Itemized (use Schedule A)	17597.00	37558.00
(ii) Unitemized	73955.33	205346.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	73955.33	205346.33
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)	1171.99	2317.39
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))	75127.32	207663.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75127.32	207663.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	45609.66	135848.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	45609.66	135848.36
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	103.31	103.31
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	6114.09	24743.10
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	6114.09	24743.10
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	56827.06	165694.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56827.06	165694.77

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)	73955.33	205346.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73955.33	205346.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	45609.66	135848.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	1171.99	2317.39
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44437.67	133530.97

Form/Schedule : **F3XA**

Transaction ID :

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy.

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Stephen Adams		Date of Receipt
	Mailing Address 197 Eighth St. Unit PH215		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	Boston	MA	02129
	FEC ID number of contributing federal political committee. C		Transaction ID: 90410.C173145
Name of Employer Goodwin Procter		Occupation Lawyer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Receipt

B.	Full Name (Last, First, Middle Initial) James Barker		Date of Receipt
	Mailing Address 10 Naomi Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 26 / 2009
	City	State	Zip Code
	Gloucester	MA	01930-1929
	FEC ID number of contributing federal political committee. C		Transaction ID: 90410.C173115
Name of Employer Self Employed		Occupation investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			Receipt

C.	Full Name (Last, First, Middle Initial) Fred Barrows		Date of Receipt
	Mailing Address 370 Pratt St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 10 / 2009
	City	State	Zip Code
	Mansfield	MA	02048
	FEC ID number of contributing federal political committee. C		Transaction ID: 90317.C172866
Name of Employer Barrows Insurance		Occupation Ins. Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1400.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kimberly Benjaminsen

Mailing Address 804 Thayer Street

City State Zip Code
Abington MA 02351

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

Name of Employer Occupation
Atlantic Trust Company Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: 90317.C172876

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
George Bennett

Mailing Address 280 Dudley St

City State Zip Code
Brookline MA 02446

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

Name of Employer Occupation
Health Dialog Inc. Chairman and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: 90317.C172864

Amount of Each Receipt this Period
10000.00

Receipt

C. Full Name (Last, First, Middle Initial)
George Berry

Mailing Address 133 Weston Rd.

City State Zip Code
Lincoln MA 01773

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 90320.C172980

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **11250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Douglas Berthiaume

Mailing Address 18 Buttonwood Drive

City State Zip Code
Andover MA 01810

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

Name of Employer Waters Inc Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: 90410.C173106

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Binder

Mailing Address PO Box 286

City State Zip Code
Lincoln MA 01773

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

Name of Employer Fidelity Investments Occupation Investment Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90410.C173147

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Harvey Bines

Mailing Address 36 Clarke St

City State Zip Code
Lexington MA 02421

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

Name of Employer Sullivan & Worcester Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: 90410.C173132

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Patrick Brennan

Mailing Address 225 Northern Ave, Apt. PH06

City State Zip Code
Boston MA 02210

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

Name of Employer Feeley & Driscoll Occupation CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 20 / 2009
Transaction ID: 90410.C172982
Amount of Each Receipt this Period: 250.00
Receipt

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

Mailing Address 1 Tucks Point Road

City State Zip Code
Manchester MA 01944

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 ▼ 2500.00

Date of Receipt: 03 / 26 / 2009
Transaction ID: 90410.C173107
Amount of Each Receipt this Period: 2500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Mark Cohen

Mailing Address 125 Chestnut Street

City State Zip Code
Concord MA 01742

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

Name of Employer Office Paper Recovery Sys. Inc Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 03 / 05 / 2009
Transaction ID: 90317.C172850
Amount of Each Receipt this Period: 2000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 4750.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Davis

Mailing Address 101 Woodsley Road

City State Zip Code
Longmeadow MA 01106

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

Name of Employer Occupation
Ventry Industries CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2009

Transaction ID: 90317.C172854

Amount of Each Receipt this Period
10000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Tanya DeGenova

Mailing Address 13 Taft St.

City State Zip Code
Marblehead MA 01945

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

Name of Employer Occupation
TSD Security Consulting Security Consultant

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 / 20 / 2009

Transaction ID: 90410.C173032

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Viriato DeMacedo

Mailing Address 54 Mountain Hill Rd.

City State Zip Code
Plymouth MA 02360

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

Name of Employer Occupation
Commonwealth of Massachusetts State Representative

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 / 20 / 2009

Transaction ID: 90410.C173026

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 10450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 48
	<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) Pasquale Franchi	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 182 West Central St. Suite 303	Transaction ID: 90317.C172822
	City State Zip Code Natick MA 01760	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Franchi Management Co, Inc. Occupation Real Estate Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Lewis Hicks	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 40 Dune Drive	Transaction ID: 90317.C172747
	City State Zip Code Chatham MA 02633-2519	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) James Hill	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 81 Marlborough St. #1	Transaction ID: 90410.C173069
	City State Zip Code Boston MA 02116	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Jen Mark, LLC. Occupation Merchant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stephen Jeffries
Mailing Address 12 Brimmer St.
City Boston State MA Zip Code 02108-1002
FEC ID number of contributing federal political committee. **C**
Name of Employer S.B. Jeffries Consultants Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.33
Date of Receipt 03 / 10 / 2009
Transaction ID: 90317.C172870
Amount of Each Receipt this Period 208.33
Receipt

B. Full Name (Last, First, Middle Initial)
Jeanne Kangas
Mailing Address 959 Hill Rd
City Boxborough State MA Zip Code 01719
FEC ID number of contributing federal political committee. **C**
Name of Employer Arnold & Kangas, P.C. Occupation Lawyer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 03 / 10 / 2009
Transaction ID: 90317.C172865
Amount of Each Receipt this Period 2000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Amy Kelly
Mailing Address 157 Rice Road
City Quincy State MA Zip Code 02170
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1325.00
Date of Receipt 03 / 19 / 2009
Transaction ID: 90410.C173266
Amount of Each Receipt this Period 775.00
In-Kind
In kind donation of photography services - party-related

SUBTOTAL of Receipts This Page (optional) ► 2983.33
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 48
(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)
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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 90410.C173038

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Althine Marsh

Mailing Address 1213 Heatherwood

City State Zip Code
YarmouthPort MA 02675

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: 90317.C172875

Amount of Each Receipt this Period
500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Brad Marston

Mailing Address 90 Beacon Street #2

City State Zip Code
Boston MA 02108

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 90410.C173048

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John McDonnell
 Mailing Address 11161 NW 24th Street
 City Pompano Beach State FL Zip Code 33065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Patron Spirits Company Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 03 / 20 / 2009
Transaction ID: 90410.C173010
 Amount of Each Receipt this Period 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
James McManus
 Mailing Address 88 Chestnut St
 City Weston State MA Zip Code 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Commercial Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00
 Date of Receipt 03 / 20 / 2009
Transaction ID: 90410.C173040
 Amount of Each Receipt this Period 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Albert Merck
 Mailing Address 1010 Waltham St F-19
 City Lexington State MA Zip Code 02421-8048
 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 ▼ 10000.00
 Date of Receipt 03 / 04 / 2009
Transaction ID: 90317.C172913
 Amount of Each Receipt this Period -5000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **-3500.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 48
	<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) C. Ann Merrifield		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 48 W Cedar St DO NOT MAIL		Transaction ID: 90410.C173146
City Boston	State MA	Zip Code 02114-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Genzyme Corp.	Occupation General manager	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Daniel Murphy		Date of Receipt MM / DD / YYYY 03 / 20 / 2009
Mailing Address 21 Constance Way		Transaction ID: 90410.C172999
City North Attleboro	State MA	Zip Code 02760
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Bruce Nilson Jr.		Date of Receipt MM / DD / YYYY 03 / 20 / 2009
Mailing Address 40 Kings Way, Apt. 401A		Transaction ID: 90410.C173037
City Waltham	State MA	Zip Code 02451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Free and Strong America PAC	Occupation Chief Information Officer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Potaski
 Mailing Address 24B Church Street
 City State Zip Code
 Linwood MA 01525
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 20 / 2009
Transaction ID: 90410.C173031
 Amount of Each Receipt this Period
 100.00
 Receipt
 Name of Employer Occupation
 Retired Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2600.00

B. Full Name (Last, First, Middle Initial)
Harold Pratt
 Mailing Address 1010 Memorial Drive #9A
 City State Zip Code
 Cambridge MA 02138
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 26 / 2009
Transaction ID: 90410.C173105
 Amount of Each Receipt this Period
 250.00
 Receipt
 Name of Employer Occupation
 Nichols & Pratt, LLP Private Trustee
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Grant Rodkey
 Mailing Address 11 Beatrice Circle
 City State Zip Code
 Belmont MA 02478
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 05 / 2009
Transaction ID: 90317.C172757
 Amount of Each Receipt this Period
 250.00
 Receipt
 Name of Employer Occupation
 VA Boston Healthcare System Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 48
(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)
John Shaughnessy

Mailing Address 91 Longmeadow Rd.

City Milton State MA Zip Code 02186

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

Name of Employer Shaughnessy and Ahern Occupation Businessman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 90317.C172855

Amount of Each Receipt this Period 1250.00

Receipt

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

Mailing Address 8 Nobska Way

City Wareham State MA Zip Code 02571

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

Name of Employer Dept of Homeland Security Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 90317.C172792

Amount of Each Receipt this Period 50.00

Receipt

C. Full Name (Last, First, Middle Initial)
James Sinnott

Mailing Address 8 Nobska Way

City Wareham State MA Zip Code 02571

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

Name of Employer Dept of Homeland Security Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 90410.C172987

Amount of Each Receipt this Period 200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 48
(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)
Steven Snider

Mailing Address 114 Shornecliffe Road

City State Zip Code
Newton MA 02458-2421

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

Name of Employer Occupation
Pyramis Global Advisors Portfolio Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 90320.C172981

Amount of Each Receipt this Period
10000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Polly Townsend

Mailing Address 34 Proctor St

City State Zip Code
Manchester MA 01944

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: 90410.C173131

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Francis Venditti

Mailing Address 160 Warren Avenue

City State Zip Code
Seekonk MA 02771

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

Name of Employer Occupation
seekonk speedway Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2009

Transaction ID: 90410.C173120

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Albert Wilson

Mailing Address 29 Concord Court

City Bedford State MA Zip Code 01730

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

Name of Employer Spaulding and Slye Collins Occupation Real Estate Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 05 / 2009
Transaction ID: 90317.C172827
Amount of Each Receipt this Period 225.00
Receipt

B. Full Name (Last, First, Middle Initial)
Robert Young

Mailing Address 4 Spinnaker Lane

City Pocasset State MA Zip Code 02559

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 ▼ 100.00

Date of Receipt 03 / 20 / 2009
Transaction ID: 90410.C172990
Amount of Each Receipt this Period 100.00
Receipt

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

Mailing Address 4 Spinnaker Lane

City Pocasset State MA Zip Code 02559

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 03 / 20 / 2009
Transaction ID: 90410.C172991
Amount of Each Receipt this Period 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 425.00

TOTAL This Period (last page this line number only) ▶ 56358.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 48	
	(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) Kristine Willington		Date of Receipt																					
	Mailing Address 12 Arlington Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	4		2	0	0	9														
	City	State	Zip Code		Transaction ID: 90317.C172736																			
	Reading	MA	01867-																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
Name of Employer None		Occupation At Home (Housewife)		1145.14																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		Offsets to Operating Expenditure																				
		2290.54																						

SUBTOTAL of Receipts This Page (optional)	▶	1145.14
TOTAL This Period (last page this line number only)	▶	1145.14

**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)

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

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

A.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90410.E11121 Date of Disbursement 03 / 04 / 2009
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 1015.00
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Direct Mail - party related 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) ▼
		DIRECT MAIL - PARTY RELATED NON FEA

B.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90410.E11120 Date of Disbursement 03 / 04 / 2009
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 6675.99
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Direct Mail - party related 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) ▼
		DIRECT MAIL - PARTY RELATED NON FEA

C.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90410.E11088 Date of Disbursement 03 / 19 / 2009
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 1000.00
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Payment of debt for direct mail - party related 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) ▼
		PAYMENT OF DEBT FOR DIRECT MAIL - PARTY RELATED NON FEA

SUBTOTAL of Disbursements This Page (optional)

8690.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SCM Associates</p> <p>Mailing Address Steve Meyers 1283 Main Street</p> <p>City Dublin State NH Zip Code 03444-</p> <p>Purpose of Disbursement Direct Mail - party related non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11101</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 402.09</p> <p>DIRECT MAIL - PARTY RELATED NON FEA</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Scr & Associates, LLC</p> <p>Mailing Address 4 Leblanc Dr</p> <p>City Danvers State MA Zip Code 01923-</p> <p>Purpose of Disbursement Fundraising Consultant Fee - party related non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11131</p> <p>Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>FUNDRAISING CONSULTANT FEE - PARTY RELATED NON FEA</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) A.I.M. Mutual Insurance Co.</p> <p>Mailing Address 54 Third St.</p> <p>City Burlington State MA Zip Code 01803-</p> <p>Purpose of Disbursement Workers Comp Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11097</p> <p>Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 784.00</p> <p>WORKERS COMP INSURANCE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6186.09

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 48

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts</p> <hr/> <p>Mailing Address Landmark Center 401 Park Drive</p> <hr/> <p>City Boston State MA Zip Code 02215-</p> <hr/> <p>Purpose of Disbursement Health Insurance</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11087</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">3835.36</td> </tr> </table> <hr/> <p>HEALTH INSURANCE</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	4	/	2	0	0	9	3835.36
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	0	4	/	2	0	0	9													
3835.36																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Byte Bulb</p> <hr/> <p>Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.</p> <hr/> <p>City Hanover State MA Zip Code 02339-</p> <hr/> <p>Purpose of Disbursement Party related computer IT support</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11123</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">1086.00</td> </tr> </table> <hr/> <p>PARTY RELATED COMPUTER IT SUPPORT</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	0	4	/	2	0	0	9	1086.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	0	4	/	2	0	0	9													
1086.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Byte Bulb</p> <hr/> <p>Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.</p> <hr/> <p>City Hanover State MA Zip Code 02339-</p> <hr/> <p>Purpose of Disbursement Party related computer IT support</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11093</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">2339.85</td> </tr> </table> <hr/> <p>PARTY RELATED COMPUTER IT SUPPORT</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	9	/	2	0	0	9	2339.85
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	1	9	/	2	0	0	9													
2339.85																						

SUBTOTAL of Disbursements This Page (optional) ▶

7261.21

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Css Castle Self-Storage Mailing Address 39 Old Colony Ave. City Boston State MA Zip Code 02127- Purpose of Disbursement Rent for Storage Unit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90410.E11125 Date of Disbursement 03 / 04 / 2009
	Amount of Each Disbursement this Period 329.00 RENT FOR STORAGE UNIT

B. Full Name (Last, First, Middle Initial) Css Castle Self-Storage Mailing Address 39 Old Colony Ave. City Boston State MA Zip Code 02127- Purpose of Disbursement Rent for Storage Unit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90410.E11092 Date of Disbursement 03 / 19 / 2009
	Amount of Each Disbursement this Period 329.00 RENT FOR STORAGE UNIT

C. Full Name (Last, First, Middle Initial) Kauppi Communications Mailing Address 27 Townly Road City Watertown State MA Zip Code 02472- Purpose of Disbursement Communications Consulting Fee - party related 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) ▼	Transaction ID: 90410.E11114 Date of Disbursement 03 / 04 / 2009
	Amount of Each Disbursement this Period 3000.00 COMMUNICATIONS CONSULTING FEE - PARTY RELATED NON FEA

SUBTOTAL of Disbursements This Page (optional) ▶	3658.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Keswick Consulting	Transaction ID: 90410.E11130 Date of Disbursement 03 / 19 / 2009
	Mailing Address 231 Victory Road	Amount of Each Disbursement this Period 3000.00
	City Quincy State MA Zip Code 02171- Purpose of Disbursement Political Consulting Fee - party related non FEA Candidate Name	POLITICAL CONSULTING FEE - PARTY RELATED NON FEA
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) DirecTV DirecTV	Transaction ID: 90410.E11091 Date of Disbursement 03 / 19 / 2009
	Mailing Address PO Box 60036	Amount of Each Disbursement this Period 96.95
	City Los Angeles State CA Zip Code 90060-0036 Purpose of Disbursement Cable Service Candidate Name	CABLE SERVICE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90410.E11124 Date of Disbursement 03 / 04 / 2009
	Mailing Address PO Box 371461	Amount of Each Disbursement this Period 26.51
	City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement Express Mail Candidate Name	EXPRESS MAIL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3123.46
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90410.E11090 Date of Disbursement																			
	Mailing Address PO Box 371461	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	0	9												
	City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Express Mail	<table border="1"><tr><td>44.10</td></tr></table>	44.10																		
44.10																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		EXPRESS MAIL																			

B.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90410.E11103 Date of Disbursement																			
	Mailing Address PO Box 371461	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
	City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Express Mail	<table border="1"><tr><td>37.04</td></tr></table>	37.04																		
37.04																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		EXPRESS MAIL																			

C.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 90410.E11106 Date of Disbursement																			
	Mailing Address 34 Fresno St.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	0	9												
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reimbursement for parking food and travel	<table border="1"><tr><td>180.00</td></tr></table>	180.00																		
180.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		REIMBURSEMENT FOR PARKING FOOD AND TRAVEL																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>261.14</td></tr></table>	261.14
261.14		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Guardian Guardian	Transaction ID: 90410.E11112 Date of Disbursement 03 / 01 / 2009
	Mailing Address Boston Group Office 1 Liberty Square	Amount of Each Disbursement this Period 499.75
	City Boston State MA Zip Code 02109-	
	Purpose of Disbursement Dental Insurance	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) ▼
		DENTAL INSURANCE

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 90410.E11109 Date of Disbursement 03 / 24 / 2009
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 182.90
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Reimbursement for parking food and travel	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) ▼
		REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

C.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 90410.E11126 Date of Disbursement 03 / 04 / 2009
	Mailing Address 187 Lewis Rd.	Amount of Each Disbursement this Period 156.20
	City Belmont State MA Zip Code 02478-	
	Purpose of Disbursement Reimbursement for parking food and travel	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) ▼
		REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional)	838.85
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 48

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

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

A.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 90410.E11134
	Mailing Address 187 Lewis Rd.	Date of Disbursement 03 / 05 / 2009
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 1288.42
	Purpose of Disbursement Payroll	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.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 90410.E11146
	Mailing Address 187 Lewis Rd.	Date of Disbursement 03 / 24 / 2009
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 268.40
	Purpose of Disbursement reimbursement for parking food and travel	REIMBURSEMENT FOR PARKING FOOD AND TRAVEL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Amy Kelly	Transaction ID: 90410.C173266IK
	Mailing Address 157 Rice Road	Date of Disbursement 03 / 19 / 2009
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 775.00
	Purpose of Disbursement In kind donation of photography services - party-related	IN KIND: IN KIND DONATION OF PHOTOGRAPHY SERVICES - PARTY-RELATED
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2331.82
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Matthew Keswick	Transaction ID: 90410.E11141 Date of Disbursement 03 / 19 / 2009
	Mailing Address 231 Victory Road	Amount of Each Disbursement this Period 454.40
	City North Quincy State MA Zip Code 02171- Purpose of Disbursement Reimbursement - see below Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT - SEE BELOW

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 90410.E11142 Date of Disbursement 03 / 19 / 2009
	Mailing Address P.O. Box 619612 VFW Airport	Amount of Each Disbursement this Period 454.40
	City Dallas State TX Zip Code 75261-9612 Purpose of Disbursement M. Keswick reimbursement for airfare for party-related conference Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: M. KESWICK REIMBURSEMENT FOR AIRFARE FOR PARTY-RELATED CONFERENCE

C.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 90410.E11149 Date of Disbursement 03 / 02 / 2009
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 25.00
	City Boston State MA Zip Code 02110- Purpose of Disbursement Credit Card Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional)	479.40
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 90410.E11148 Date of Disbursement 03 / 02 / 2009
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 78.27
	City Boston State MA Zip Code 02110- Purpose of Disbursement Credit Card Fee Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEE

B.	Full Name (Last, First, Middle Initial) mindShift Technologies, Inc.	Transaction ID: 90513.E11293 Date of Disbursement 03 / 24 / 2009
	Mailing Address PO Box 200105	Amount of Each Disbursement this Period 1636.00
	City Pittsburgh State PA Zip Code 15251- Purpose of Disbursement Payment of debt for IT Support party related non fea Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYMENT OF DEBT FOR IT SU- PPORT PARTY RELATED NON FEA

C.	Full Name (Last, First, Middle Initial) mindShift Technologies, Inc.	Transaction ID: 90410.E11102 Date of Disbursement 03 / 24 / 2009
	Mailing Address PO Box 200105	Amount of Each Disbursement this Period 1652.00
	City Pittsburgh State PA Zip Code 15251- Purpose of Disbursement Payment of debt for IT Support party related non fea Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYMENT OF DEBT FOR IT SU- PPORT PARTY RELATED NON FEA

SUBTOTAL of Disbursements This Page (optional)	3366.27
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Konica Minolta Business Systems

Transaction ID: 90410.E11096
Date of Disbursement

Mailing Address P.O. Box 7247-0322

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	9

City Philadelphia State PA Zip Code 19170-0322

Amount of Each Disbursement this Period

722.93

Purpose of Disbursement
Copier Equipment Lease

Category/ Type

Candidate Name

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

COPIER EQUIPMENT LEASE

B.

Full Name (Last, First, Middle Initial)
Konica Minolta Business Systems

Transaction ID: 90410.E11105
Date of Disbursement

Mailing Address P.O. Box 7247-0322

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	0	9

City Philadelphia State PA Zip Code 19170-0322

Amount of Each Disbursement this Period

1294.66

Purpose of Disbursement
Copier Equipment Lease

Category/ Type

Candidate Name

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

COPIER EQUIPMENT LEASE

C.

Full Name (Last, First, Middle Initial)
Jennifer Nassour

Transaction ID: 90410.E11144
Date of Disbursement

Mailing Address 49 Chelsea St., Unit C1-307

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	9

City Boston State MA Zip Code 02129-

Amount of Each Disbursement this Period

439.20

Purpose of Disbursement
Reimbursement - see below

Category/ Type

Candidate Name

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

REIMBURSEMENT - SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

2456.79

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 48

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

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

A.	Full Name (Last, First, Middle Initial) Jet Blue Airlines	Transaction ID: 90410.E11145 Date of Disbursement 03 / 04 / 2009
	Mailing Address P.O. Box 17435	Amount of Each Disbursement this Period 439.20
	City Salt Lake City State UT Zip Code 84117-	
	Purpose of Disbursement J. Nassour reimbursement for airfare	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

MEMO: J. NASSOUR REIMBURSEMENT FOR AIRFARE

B.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 90410.E11143 Date of Disbursement 03 / 04 / 2009
	Mailing Address 49 Chelsea St., Unit C1-307	Amount of Each Disbursement this Period 162.05
	City Boston State MA Zip Code 02129-	
	Purpose of Disbursement J. Nassour reimbursement for parking food and travel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

J. NASSOUR REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

C.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 90410.E11147 Date of Disbursement 03 / 24 / 2009
	Mailing Address 49 Chelsea St., Unit C1-307	Amount of Each Disbursement this Period 255.06
	City Boston State MA Zip Code 02129-	
	Purpose of Disbursement Reimbursement for parking food and travel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

417.11

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Paychex/InterPay <hr/> Mailing Address PO Box 8295 <hr/> City Boston State MA Zip Code 02266- <hr/> Purpose of Disbursement Payroll Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90410.E11135 Date of Disbursement MM / DD / YYYY 03 / 02 / 2009
	Amount of Each Disbursement this Period 1441.70
	Category/ Type PAYROLL TAX
	Full Name (Last, First, Middle Initial) Paychex/InterPay <hr/> Mailing Address PO Box 8295 <hr/> City Boston State MA Zip Code 02266- <hr/> Purpose of Disbursement Payroll Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Paychex/InterPay <hr/> Mailing Address PO Box 8295 <hr/> City Boston State MA Zip Code 02266- <hr/> Purpose of Disbursement Payroll Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90410.E11118 Date of Disbursement MM / DD / YYYY 03 / 10 / 2009
	Amount of Each Disbursement this Period 135.36
	Category/ Type PAYROLL FEE
	Full Name (Last, First, Middle Initial) Paychex/InterPay <hr/> Mailing Address PO Box 8295 <hr/> City Boston State MA Zip Code 02266- <hr/> Purpose of Disbursement Payroll 401k Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Paychex/InterPay <hr/> Mailing Address PO Box 8295 <hr/> City Boston State MA Zip Code 02266- <hr/> Purpose of Disbursement Payroll 401k Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90610.E11335 Date of Disbursement MM / DD / YYYY 03 / 24 / 2009
	Amount of Each Disbursement this Period 655.00
	Category/ Type PAYROLL 401K FEE
	Full Name (Last, First, Middle Initial) Paychex/InterPay <hr/> Mailing Address PO Box 8295 <hr/> City Boston State MA Zip Code 02266- <hr/> Purpose of Disbursement Payroll 401k Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2232.06
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Boston Postmaster</p> <p>Mailing Address JW MCCORMACK STATION New Chardon Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Non-FEA Party Related Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11128 Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 840.00</p> <p>NON-FEA PARTY RELATED POSTAGE</p>
<p>B. Full Name (Last, First, Middle Initial) Boston Postmaster</p> <p>Mailing Address JW MCCORMACK STATION New Chardon Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Non-FEA Party Related Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11108 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 420.00</p> <p>NON-FEA PARTY RELATED POSTAGE</p>
<p>C. Full Name (Last, First, Middle Initial) Boston Event Solutions</p> <p>Mailing Address 250 Faneuil Hall Marketplace Quincy Market Building</p> <p>City Boston State MA Zip Code 02109-</p> <p>Purpose of Disbursement Event catering for party related fundraising- non-FEA event no federal candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11095 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 347.40</p> <p>EVENT CATERING FOR PARTY RELATED FUNDRAISING- NON-FEA EVENT NO FEDERAL CANDIDATE</p>

SUBTOTAL of Disbursements This Page (optional)	1607.40
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 48

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

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

A.	Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 90410.E11100 Date of Disbursement 03 / 24 / 2009
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 210.77
	City Des Moines	State IA
	Zip Code 50368-9020	Category/ Type
	Purpose of Disbursement Office Supplies	OFFICE SUPPLIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Omni Security Systems, Inc	Transaction ID: 90410.E11116 Date of Disbursement 03 / 04 / 2009
	Mailing Address Pearson Plaza, PO Box 879	Amount of Each Disbursement this Period 300.00
	City Byfield	State MA
	Zip Code 01922-	Category/ Type
	Purpose of Disbursement Service on Office Security System	SERVICE ON OFFICE SECURITY SYSTEM
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Union Club- Boston The Union Club	Transaction ID: 90410.E11119 Date of Disbursement 03 / 04 / 2009
	Mailing Address 8 Park Street	Amount of Each Disbursement this Period 664.13
	City Boston	State MA
	Zip Code 02108-	Category/ Type
	Purpose of Disbursement Room Rental and Catering for Joint Caucus Fundraiser - Non FEA	ROOM RENTAL AND CATERING FOR JOINT CAUCUS FUNDRAISER - NON FEA
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1174.90
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Union Club- Boston The Union Club</p> <p>Mailing Address 8 Park Street</p> <p>City Boston State MA Zip Code 02108-</p> <p>Purpose of Disbursement Room Rental and Catering for Roundtable Fundraiser - Non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11094 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 277.72</p> <p>ROOM RENTAL AND CATERING FOR ROUNDTABLE FUNDRAISER - NON FEA</p>
<p>B. Full Name (Last, First, Middle Initial) Union Club- Boston The Union Club</p> <p>Mailing Address 8 Park Street</p> <p>City Boston State MA Zip Code 02108-</p> <p>Purpose of Disbursement Room Rental and Catering for Chair Briefing Fundraiser - Non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11099 Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 280.75</p> <p>ROOM RENTAL AND CATERING FOR CHAIR BRIEFING FUNDRAISER - NON FEA</p>
<p>C. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 1</p> <p>City Worcester State MA Zip Code 01654-</p> <p>Purpose of Disbursement Office Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90410.E11115 Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 110.05</p> <p>OFFICE PHONE SERVICE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

668.52

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 90410.E11117
	Mailing Address P.O. Box 1	Date of Disbursement 03 / 04 / 2009
	City Worcester State MA Zip Code 01654-	Amount of Each Disbursement this Period 507.83
	Purpose of Disbursement Office Phone Service	OFFICE 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) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 90414.E11154
	Mailing Address P.O. Box 1	Date of Disbursement 03 / 24 / 2009
	City Worcester State MA Zip Code 01654-	Amount of Each Disbursement this Period 97.79
	Purpose of Disbursement Cell Phone	CELL 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) ▼

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 90410.E11098
	Mailing Address P.O. Box 1	Date of Disbursement 03 / 24 / 2009
	City Worcester State MA Zip Code 01654-	Amount of Each Disbursement this Period 159.46
	Purpose of Disbursement Cell Phone	CELL 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) ▼

SUBTOTAL of Disbursements This Page (optional)	765.08
TOTAL This Period (last page this line number only)	45519.09

**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 39 / 48

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Mass Republican State Committee

Mailing Address 85 Merrimac Street
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement
A. Merck transfer of excess contribution from fed to non-fed

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90317.E11032

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 48

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

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

A.

Full Name (Last, First, Middle Initial)
James Tedisco For Congress

Mailing Address 1707 Route 9

City Clifton Park State NY Zip Code 12065-

Purpose of Disbursement
Candidate Assistance on voter turnout H

Candidate Name
JAMES TEDISCO

Office Sought: House
 Senate
 President

State: NY District: 20

Disbursement For: 2010
 Primary General
 Other (specify) ▼

004
Category/
Type

Transaction ID: 90414.E11152

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

103.31

IN KIND: CANDIDATE ASSIST-
ANCE ON VOTER TURNOUT H0N-
Y0 8

SUBTOTAL of Disbursements This Page (optional)

103.31

TOTAL This Period (last page this line number only)

103.31

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 90410.E11136 Date of Disbursement 03 / 19 / 2009
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 503.40
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 90410.E11132 Date of Disbursement 03 / 05 / 2009
	Mailing Address 16 Oval Road	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1298.70
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 90410.E11137 Date of Disbursement 03 / 19 / 2009
	Mailing Address 16 Oval Road	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1319.20
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3121.30
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 48

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

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

A.	Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 90410.E11133
	Mailing Address 43 Eastern Ave. Apt. 3	Date of Disbursement MM / DD / YYYY 03 / 05 / 2009
	City Lynn State MA Zip Code 01902-	Amount of Each Disbursement this Period 334.05
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 90410.E11138
	Mailing Address 43 Eastern Ave. Apt. 3	Date of Disbursement MM / DD / YYYY 03 / 19 / 2009
	City Lynn State MA Zip Code 01902-	Amount of Each Disbursement this Period 349.82
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 90410.E11139
	Mailing Address 187 Lewis Rd.	Date of Disbursement MM / DD / YYYY 03 / 19 / 2009
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 1308.92
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1992.79
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 48

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

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

A.

Full Name (Last, First, Middle Initial)
Communication, Inc. Majority

Mailing Address 274 Marconi Blvd. Suite 260

City State Zip Code
Columbus OH 43215-

Purpose of Disbursement
Payment of Debt for FEA Get Out the Vote Mailing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90410.E11089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PAYMENT OF DEBT FOR FEA
GET OUT THE VOTE MAILING

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Payment of debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 5980.45	Transaction ID: LS90410.E11088	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 4980.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 3282.16	Transaction ID: LS90513.E11259	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3282.16

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 880.53	Transaction ID: LS90513.E11260	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 880.53

1) SUBTOTALS This Period This Page (optional).....	▶	9143.14
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 219.34	Transaction ID: LS90513.E11261	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 219.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 5416.25	Transaction ID: LS90513.E11262	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5416.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 32.49	Transaction ID: LS90513.E11263	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 32.49

1) SUBTOTALS This Period This Page (optional).....	5668.08
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 46 / 48
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period <input type="text" value="3395.83"/>	Transaction ID: LS90513.E11264	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3395.83"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period <input type="text" value="328.84"/>	Transaction ID: LS90513.E11265	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="328.84"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period <input type="text" value="803.20"/>	Transaction ID: LS90513.E11266	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="803.20"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4527.87"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc.			Nature of Debt (Purpose): Payment of debt for IT Support party related non fea
Mailing Address PO Box 200105			
City Pittsburgh	State PA	ZIP Code 15251-	

Outstanding Balance Beginning This Period <input type="text" value="1652.00"/>		Transaction ID: LS90410.E11102	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1652.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc.			Nature of Debt (Purpose): Payment of debt for IT Support party related non fea
Mailing Address PO Box 200105			
City Pittsburgh	State PA	ZIP Code 15251-	

Outstanding Balance Beginning This Period <input type="text" value="1636.00"/>		Transaction ID: LS90513.E11293	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1636.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Communication, Inc. Majority			Nature of Debt (Purpose): Payment of Debt for FEA Get Out the Vote Mailing
Mailing Address 274 Marconi Blvd. Suite 260			
City Columbus	State OH	ZIP Code 43215-	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		Transaction ID: LS90410.E11089	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="21089.09"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="21089.09"/>