

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 MASSACHUSETTS VICTORY COMMITTEE

ADDRESS (number and street) 310 FIRST STREET, SE WASHINGTON DC 20003

2. FEC IDENTIFICATION NUMBER C C00549782 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2015 through 09 30 2015

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 BRADLEY T. CRATE

Signature of Treasurer BRADLEY T. CRATE [Electronically Filed] Date 10 15 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MASSACHUSETTS VICTORY COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		59960.52
(b) Cash on Hand at Beginning of Reporting Period.....	120346.61	
(c) Total Receipts (from Line 19)	237744.75	1127575.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	358091.36	1187536.17
7. Total Disbursements (from Line 31).....	324314.70	1153759.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	33776.66	33776.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MASSACHUSETTS VICTORY COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	234734.75	1112034.75
(ii) Unitemized	510.00	660.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	235244.75	1112694.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	14000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	237744.75	1126694.75
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	880.90
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 Transfers (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))..... ▶	237744.75	1127575.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	237744.75	1127575.65

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) Allocated 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	123661.20	240978.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	123661.20	240978.17
22. Transfers to Affiliated/Other Party Committees.....	200643.50	912621.34
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	10.00	160.00
(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)).....	10.00	160.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	324314.70	1153759.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	324314.70	1153759.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	237744.75	1126694.75
34. Total Contribution Refunds (from Line 28(d))	10.00	160.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	237734.75	1126534.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	123661.20	240978.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	880.90
38. Net Operating Expenditures (subtract Line 37 from Line 36)	123661.20	240097.27

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

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

FOR LINE NUMBER: PAGE 6 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 VICTORY COMMITTEE

A. MR. WILLIAM F ACHTMAYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 ROWES WHARF
 City BOSTON State MA Zip Code 02110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARTHENON - EY Occupation CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 17500.00

Date of Receipt 09 / 02 / 2015
Transaction ID : SA11AI.6168
 Amount of Each Receipt this Period 7500.00

B. JOSEPH ALBANESE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 CROWN STREET
 City NEWTON State MA Zip Code 02466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMMODORE BUILDERS Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2015
Transaction ID : SA11AI.6133
 Amount of Each Receipt this Period 500.00

C. JOSE ALMEIDA
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 JEFFREY DRIVE
 City NORTH ATTLEBORO State MA Zip Code 02760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COVIDIEN Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2015
Transaction ID : SA11AI.6002
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. JOHN K ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 30 WHITING ST

City WRENTHAM State MA Zip Code 02093

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

Name of Employer PLUMB HOUSE Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.6176

Amount of Each Receipt this Period
 4500.00

B. SARAH BADWAY
Full Name (Last, First, Middle Initial)

Mailing Address 9 HEYWOOD DR

City WESTBOROUGH State MA Zip Code 01581

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

Name of Employer PLUMB HOUSE, INC. Occupation CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.6174

Amount of Each Receipt this Period
 5000.00

C. ANDREW BALSON
Full Name (Last, First, Middle Initial)

Mailing Address 276 HIGHLAND ST

City NEWTON State MA Zip Code 02465

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

Name of Employer MATCH BEYOND Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015

Transaction ID : SA11AI.6030

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	14500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. TAYLOR BODMAN
Full Name (Last, First, Middle Initial)

Mailing Address 18 ASH STREET

City CAMBRIDGE State MA Zip Code 02138

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

Name of Employer BROWN BROTHERS HARRIMAN & CO. Occupation BANKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.6152

Amount of Each Receipt this Period
 1000.00

B. MR. CHRISTOPHER BOLAND
Full Name (Last, First, Middle Initial)

Mailing Address 1 TOWER DR

City DOVER State MA Zip Code 02030

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

Name of Employer BOATHOUSE GROUP, INC. Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.6199

Amount of Each Receipt this Period
 1000.00

C. SHERYL M BOLAND
Full Name (Last, First, Middle Initial)

Mailing Address 1 TOWER DR

City DOVER State MA Zip Code 02030

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.6201

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. ARTHUR BREWSTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 RUNDEL PARK
 City DORCHESTER State MA Zip Code 02124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BOSTON PD Occupation DETECTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.6156
 Amount of Each Receipt this Period
 250.00

B. MS. MARY E BYRNES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 GULF SHORE BLVD
 APT 403
 City NAPLPES State FL Zip Code 34102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIDELITY INVESTMENTS Occupation INVESTMENT ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.6160
 Amount of Each Receipt this Period
 500.00

C. MR. WILLIAM L BYRNES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 GULF SHORE BLVD
 APT 403
 City NAPLPES State FL Zip Code 34102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FIDELITY INVESTMENTS Occupation INVESTMENT ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.6158
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 10 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. JAMES CHACHARONE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 W BOYLSTON ST, SUITE LL05
 City WORCESTER State MA Zip Code 01605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHADWICK SQUARE REALTY CORP. Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.6178
 Amount of Each Receipt this Period
 5000.00

B. MR. MICHAEL CIMINI
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 SIDNEY RD
 City STURBRIDGE State MA Zip Code 01566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AUSTIN LIQUORS, INC. Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2015
Transaction ID : SA11AI.6006
 Amount of Each Receipt this Period
 1000.00

C. MR. MICHAEL CIMINI
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 SIDNEY RD
 City STURBRIDGE State MA Zip Code 01566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AUSTIN LIQUORS, INC. Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2015
Transaction ID : SA11AI.6009
 Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional).....▶	7250.00
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 11 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. MARY CONNOLLY			Date of Receipt
Mailing Address 25 FRANKLIN ST			<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.6142
CANTON	MA	02021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
MASS REHAB COMMISSION	DIVERSITY DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. JOSEPH CORCORAN			Date of Receipt
Mailing Address 150 MT. VERNON ST STE 500			<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.6166
BOSTON	MA	02125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="2000.00"/>
Name of Employer	Occupation		
CORCORAN JENNISON	CHAIRMAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JAMES 'JEFF' CROWLEY			Date of Receipt
Mailing Address 6 DAWLEY RD			<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.6135
WESTMINSTER	MA	01473	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="5000.00"/>
Name of Employer	Occupation		
WACHUSETT MTN ASSOC	PRES		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. THOMAS CUNNINGHAM
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 217

City SLASCONSET State MA Zip Code 02564

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

Name of Employer NAUTICON IMAGING SOLUTIONS Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **6084.75**

Date of Receipt **08 / 03 / 2015**

Transaction ID : SA11AI.6033

Amount of Each Receipt this Period **6084.75**

IN-KIND: TRAVEL: AIR

B. LAWRENCE CURTIS
Full Name (Last, First, Middle Initial)

Mailing Address 211 IPSWICH RD

City BOXFORD State MA Zip Code 01921

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

Name of Employer WINN COMPANIES Occupation REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **09 / 02 / 2015**

Transaction ID : SA11AI.6170

Amount of Each Receipt this Period **5000.00**

C. JAMES DINA
Full Name (Last, First, Middle Initial)

Mailing Address 4 FISKE RD

City LEXINGTON State MA Zip Code 02420

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

Name of Employer PYRAMID HOTEL GROUP Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 16 / 2015**

Transaction ID : SA11AI.6184

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....▶	12084.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. MRS. ELIZABETH NOYER FELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 ARLINGTON STREET
 City BOSTON State MA Zip Code 02116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AUTISM SPEAKS Occupation PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 27 / 2015**
Transaction ID : SA11AI.6000
 Amount of Each Receipt this Period **500.00**

B. WARREN Q FIELDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 HIGHGATE ST
 City WELLESLEY State MA Zip Code 02481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PYRAMID HOTEL GROUP Occupation DEVELOPER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 16 / 2015**
Transaction ID : SA11AI.6194
 Amount of Each Receipt this Period **1000.00**

C. MR. MICHAEL W FISH
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 HUNTINGTON AVE
 APT 1502
 City BOSTON State MA Zip Code 02116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DELLBROOK CONSTRUCTION Occupation CONSTRUCTION MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **08 / 27 / 2015**
Transaction ID : SA11AI.6035
 Amount of Each Receipt this Period **10000.00**

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: (check only one)	PAGE 14 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. JOHN FOWLER
Full Name (Last, First, Middle Initial)

Mailing Address 2 COMMONWEALTH AVENUE
APT 8C

City BOSTON State MA Zip Code 02116

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

Name of Employer HFF Occupation REAL ESTATE SALES AND FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
08 / 05 / 2015
Transaction ID : SA11AI.6037

Amount of Each Receipt this Period
10000.00

B. STEVEN FRENCH
Full Name (Last, First, Middle Initial)

Mailing Address 110 EBEN CHAMBERLAIN ROAD

City WHITINSVILLE State MA Zip Code 01588

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

Name of Employer STEVEN P. FRENCH Occupation ELECTRICAL CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 19 / 2015
Transaction ID : SA11AI.6150

Amount of Each Receipt this Period
300.00

C. RICKIE GOLDEN
Full Name (Last, First, Middle Initial)

Mailing Address 91 SIDNEY STREET
APT 303

City CAMBRIDGE State MA Zip Code 02139

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

Name of Employer CORCORAN JENNISON Occupation REAL ESTATE DEVELOPER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 14 / 2015
Transaction ID : SA11AI.6139

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 11300.00

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 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. TIMOTHY HARVEY

Mailing Address 73 TIMBER LANE

City State Zip Code
HOLDEN MA 01520

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

Name of Employer Occupation
MANAFORT-PRECISION, LLC CONSTRUCTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.6164

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. MR. CHARLES HATTEN

Mailing Address 27 COVERED BRIDGE LANE

City State Zip Code
WAYLAND MA 01778

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

Name of Employer Occupation
MUTUALINK, INC SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.6192

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. MS. KRISTEN KELLEHER HATTEN

Mailing Address 27 COVERED BRIDGE LANE

City State Zip Code
WAYLAND MA 01778

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

Name of Employer Occupation
THE RIVERS SCHOOL FUNDRAISER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.6190

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 16 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. JOHN HEVERAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 FOSTER RD
 City LEXINGTON State MA Zip Code 02421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LIBERTY MUTUAL Occupation INSURANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.6154
 Amount of Each Receipt this Period
250.00

B. MR. WILLIAM K HOSKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 HARVEST CIRCLE
 City LINCOLN State MA Zip Code 01775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOSKINS & ASSOCIATES Occupation EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **6000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : SA11AI.6032
 Amount of Each Receipt this Period
6000.00

C. MR. JIM HSU
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 CONCORD ROAD
 City WAYLAND State MA Zip Code 01778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ERNST & YOUNG LLP Occupation CONSULTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2015
Transaction ID : SA11AI.6015
 Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	8750.00
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 17 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. MICHAEL J. JACOBSON
Full Name (Last, First, Middle Initial)

Mailing Address 16 HIGHLAND AVE

City CAMBRIDGE State MA Zip Code 02139

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

Name of Employer P.G.E MANAGEMENT, INC. Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2015

Transaction ID : SA11AI.6023

Amount of Each Receipt this Period
 3000.00

B. CHRISTOPHER JENNY
Full Name (Last, First, Middle Initial)

Mailing Address 14 MOORE ROAD

City WAYLAND State MA Zip Code 01778

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

Name of Employer PARTHENON - EY Occupation MANAGEMENT CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2015

Transaction ID : SA11AI.6019

Amount of Each Receipt this Period
 2500.00

C. MR. STEPHEN B KAY
Full Name (Last, First, Middle Initial)

Mailing Address 327 HEATH STREET

City CHESTNUT HILL State MA Zip Code 02467

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
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2015

Transaction ID : SA11AI.6013

Amount of Each Receipt this Period
 2500.00

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 18 OF 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. MR. JOHN W KEITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 FORBES RD
 City State Zip Code
 MILTON MA 02186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KEITH CONSTRUCTION CONTRACTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2015
Transaction ID : SA11AI.6162
 Amount of Each Receipt this Period
 10000.00

B. MS. NANCY S KELLEHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 CROOKED LANE
 City State Zip Code
 DUXBURY MA 02332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.6205
 Amount of Each Receipt this Period
 1000.00

C. MR. PATRICK KELLEHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 L ST
 City State Zip Code
 SO BOSTON MA 02127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PYRAMID HOTEL GROUP MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.6188
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 12000.00
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 19 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. MR. RICHARD M KELLEHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 CROOKED LANE
 City DUXBURY State MA Zip Code 02332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PYRAMID HOTEL GROUP Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.6203
 Amount of Each Receipt this Period
 1000.00

B. MR. THOMAS A KERSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 BEACON STREET
 City BOSTON State MA Zip Code 02108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAMPSHIRE HOUSE CORP. Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : SA11AI.6039
 Amount of Each Receipt this Period
 10000.00

C. HOWARD J KESSLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 CASA BENDITA
 City PALM BEACH State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KESSLER GROUP Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 8000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015
Transaction ID : SA11AI.6197
 Amount of Each Receipt this Period
 8000.00

SUBTOTAL of Receipts This Page (optional).....▶	19000.00
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 20 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. MR. DAVID G MASSAD		Date of Receipt
Mailing Address PO BOX 788		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
WESTBORO	MA	01581
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6025
Name of Employer	Occupation	Amount of Each Receipt this Period
COMMERCE BANK	CHAIRMAN	<input type="text" value="3000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) B. MR. DAVID G MASSAD		Date of Receipt
Mailing Address PO BOX 788		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
WESTBORO	MA	01581
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6148
Name of Employer	Occupation	Amount of Each Receipt this Period
COMMERCE BANK	CHAIRMAN	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. WILLIAM MCQUILLAN		Date of Receipt
Mailing Address 207 DEAN RD		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
BROOKLINE	MA	02445
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6041
Name of Employer	Occupation	Amount of Each Receipt this Period
BOYLSTON PROPERTIES	REAL ESTATE DEVELOPMENT	<input type="text" value="20000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="20000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="25000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. RICH A MONAGHAN		Date of Receipt
Mailing Address 2 ALEXANDER WAY		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Transaction ID : SA11AI.6195
HINGHAM	MA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="5000.00"/>
	02043	
Name of Employer	Occupation	
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DEBORAH PENTA		Date of Receipt
Mailing Address 208 TURNPIKE RD		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Transaction ID : SA11AI.6147
WESTBOROUGH	MA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="1000.00"/>
	01581	
Name of Employer	Occupation	
PENTA COMMUNICATIONS	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR. R ROBERT POPEO		Date of Receipt
Mailing Address 1 FINANCIAL CTR		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Transaction ID : SA11AI.6180
BOSTON	MA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="1000.00"/>
	02111	
Name of Employer	Occupation	
MINTZ LEVIN	CHAIRMAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 22 OF 84
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. MR. LEONARD D SCHAEFFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 N BRISTOL AVE
 City State Zip Code
 LOS ANGELES CA 90049
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015
Transaction ID : SA11AI.6004
 Amount of Each Receipt this Period
 1000.00

B. BARRY SLOANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 STONECREST DRIVE
 City State Zip Code
 NEEDHAM MA 02492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CENTURY BANK BANKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : SA11AI.6021
 Amount of Each Receipt this Period
 2700.00

C. BARRY SLOANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 STONECREST DRIVE
 City State Zip Code
 NEEDHAM MA 02492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CENTURY BANK BANKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : SA11AI.6022
 Amount of Each Receipt this Period
 2700.00

SUBTOTAL of Receipts This Page (optional).....▶	6400.00
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 23 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. BARRY SLOANE
Full Name (Last, First, Middle Initial)

Mailing Address 45 STONECREST DRIVE

City NEEDHAM	State MA	Zip Code 02492
-----------------	-------------	-------------------

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

Name of Employer CENTURY BANK	Occupation BANKER
----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.6140

Amount of Each Receipt this Period
2700.00

B. RAY STATA
Full Name (Last, First, Middle Initial)

Mailing Address 6 MILLER HILL ROAD

City DOVER	State MA	Zip Code 02030
---------------	-------------	-------------------

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

Name of Employer ANALOG DEVICES	Occupation CHAIRMAN
------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : SA11AI.6145

Amount of Each Receipt this Period
20000.00

C. MARY ANN TOCIO
Full Name (Last, First, Middle Initial)

Mailing Address 68 SOUTH COTTAGE ROAD

City BELMONT	State MA	Zip Code 02478
-----------------	-------------	-------------------

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

Name of Employer BRIGHT HORIZONS FAMILY SOLUTIONS	Occupation DIRECTOR
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2015

Transaction ID : SA11AI.6011

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....	25200.00
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 24 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

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

Mailing Address 585 WASHINGTON STREET

City WHITMAN State MA Zip Code 02382

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

Name of Employer 1620 CAPITAL, LLC Occupation REAL ESTATE DEVELOPMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA11AI.6008

Amount of Each Receipt this Period
 1000.00

B. GEORGE VO
Full Name (Last, First, Middle Initial)

Mailing Address 10 STAGECOACH LANE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer TIP TOP SALON Occupation BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015

Transaction ID : SA11AI.5998

Amount of Each Receipt this Period
 250.00

C. NGA VOLE
Full Name (Last, First, Middle Initial)

Mailing Address 10 STAGECOACH LANE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer TIP TOP SALON Occupation BUSINESS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2015

Transaction ID : SA11AI.5996

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 25 OF 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. JAMES WARD
Full Name (Last, First, Middle Initial)

Mailing Address 545 LYNN FELLS PKWY

City MELROSE State MA Zip Code 02176

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

Name of Employer THE WARD GROUP Occupation EXECUTIVE RECRUITER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015

Transaction ID : SA11AI.6137

Amount of Each Receipt this Period
 1000.00

B. CAROLINE KELLEHER WARREN
Full Name (Last, First, Middle Initial)

Mailing Address 32 ARLINGTON RD

City WELLESLEY HILLS State MA Zip Code 02481

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

Name of Employer PYRAMID HOTEL GROUP Occupation CHIEF PEOPLE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.6182

Amount of Each Receipt this Period
 1000.00

C. DOUGLAS P WARREN
Full Name (Last, First, Middle Initial)

Mailing Address 137 MAIN ST

City CHARLESTOWN State MA Zip Code 02129

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

Name of Employer WAYPOINT MEDICAL Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2015

Transaction ID : SA11AI.6186

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 26 OF 84
<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. PAUL WHALLEY		Date of Receipt
Mailing Address PO BOX 129		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
SOUTHWICK	MA	01077
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.6144
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
VP	WCA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GILBERT WINN		Date of Receipt
Mailing Address 39 GREENWICH PARK		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
BOSTON	MA	02118
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.6043
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20000.00"/>
Name of Employer	Occupation	
WINN DEVELOPMENT	REAL ESTATE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="20000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GILBERT WINN		Date of Receipt
Mailing Address 39 GREENWICH PARK		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
BOSTON	MA	02118
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.6167
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10000.00"/>
Name of Employer	Occupation	
WINN DEVELOPMENT	REAL ESTATE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="30000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="31000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 27 OF 84
(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 VICTORY COMMITTEE

A. FREDERIC WITTMANN
Full Name (Last, First, Middle Initial)
Mailing Address 16 TRAILL STREET
City CAMBRIDGE State MA Zip Code 02138
FEC ID number of contributing federal political committee. **C**
Name of Employer HFF Occupation REAL ESTATE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 08 / 10 / 2015
Transaction ID : SA11AI.6029
Amount of Each Receipt this Period 5000.00

B. MR. RONALD L ZARRELLA
Full Name (Last, First, Middle Initial)
Mailing Address 195 SANDRINGHAM ROAD
City ROCHESTER State NY Zip Code 14610
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 4000.00

Date of Receipt 07 / 27 / 2015
Transaction ID : SA11AI.6027
Amount of Each Receipt this Period 4000.00

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	9000.00
TOTAL This Period (last page this line number only).....▶	234734.75

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

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

FOR LINE NUMBER: PAGE 28 OF 84
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. GLAXOSMITHKLINE LLC PAC (GSK PAC)

Mailing Address FIVE MOORE DRIVE
PO BOX 13358

City RES. TRIANGLE PARK State NC Zip Code 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
08 / 13 / 2015
Transaction ID : SA11C.6017

Amount of Each Receipt this Period
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. ABE & LOUIE'S

Mailing Address 793 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : SB21B.6058

Amount of Each Disbursement this Period

308.93

Full Name (Last, First, Middle Initial)

B. CAROLINE ALCOCK

Mailing Address 35 MYRTLE ST.
APT. 1

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2015

Transaction ID : SB21B.6079

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. AMERICAN TENT & TABLE, INC.

Mailing Address 381 OLD FALMOUTH ROAD, UNIT 41
PO BOX 1348

City MARSTON MILLS State MA Zip Code 02648

Purpose of Disbursement
EVENT EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2015

Transaction ID : SB21B.5808

Amount of Each Disbursement this Period

3231.58

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

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

8540.51

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN TENT & TABLE, INC.

Mailing Address 381 OLD FALMOUTH ROAD, UNIT 41
PO BOX 1348

City MARSTON MILLS State MA Zip Code 02648

Purpose of Disbursement
EVENT EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB21B.5809

Amount of Each Disbursement this Period

893.78

Full Name (Last, First, Middle Initial)

B. AMY KELLY PHOTOGRAPHY

Mailing Address 157 RICE ROAD

City QUINCY State MA Zip Code 02170

Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : SB21B.5811

Amount of Each Disbursement this Period

850.00

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.5812

Amount of Each Disbursement this Period

205.60

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

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

1949.38

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.5813

Amount of Each Disbursement this Period

88.00

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.5814

Amount of Each Disbursement this Period

21.60

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : SB21B.5815

Amount of Each Disbursement this Period

8.00

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

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

117.60

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.5816

Amount of Each Disbursement this Period

0.08

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2015

Transaction ID : SB21B.5817

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : SB21B.5818

Amount of Each Disbursement this Period

48.00

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

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

248.08

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : **SB21B.5819**

Amount of Each Disbursement this Period

1933.12

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : **SB21B.5820**

Amount of Each Disbursement this Period

108.00

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : **SB21B.5821**

Amount of Each Disbursement this Period

400.00

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

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

2441.12

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : **SB21B.5822**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2015

Transaction ID : **SB21B.5823**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2015

Transaction ID : **SB21B.5824**

Amount of Each Disbursement this Period

50.00

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

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

350.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : SB21B.5825

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.5826

Amount of Each Disbursement this Period

820.00

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.6059

Amount of Each Disbursement this Period

208.00

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

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

1068.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2015

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

Transaction ID : **SB21B.6060**

City BEVERLY State MA Zip Code 01915

Amount of Each Disbursement this Period

510.00

Purpose of Disbursement
MERCHANT FEES

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. APEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2015

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

Transaction ID : **SB21B.6061**

City BEVERLY State MA Zip Code 01915

Amount of Each Disbursement this Period

20.00

Purpose of Disbursement
MERCHANT FEES

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. APEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2015

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

Transaction ID : **SB21B.6062**

City BEVERLY State MA Zip Code 01915

Amount of Each Disbursement this Period

280.00

Purpose of Disbursement
MERCHANT FEES

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

810.00

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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)

<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2015

Transaction ID : SB21B.6063

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB21B.6064

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB21B.6065

Amount of Each Disbursement this Period

4.00

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

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

216.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : **SB21B.6066**

Amount of Each Disbursement this Period

104.00

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SB21B.6067**

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. ARAMARK

Mailing Address 1101 MARKET STREET

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2015

Transaction ID : **SB21B.5828**

Amount of Each Disbursement this Period

73.58

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

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

217.58

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. B&H PHOTO AND VIDEO

Mailing Address 420 NINTH AVE

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	24	/	2015

Transaction ID : SB21B.5835

Amount of Each Disbursement this Period

942.50

Full Name (Last, First, Middle Initial)

B. BJ'S WHOLESALE CLUB, INC.

Mailing Address 25 RESEARCH DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	03	/	2015

Transaction ID : SB21B.5838

Amount of Each Disbursement this Period

475.30

Full Name (Last, First, Middle Initial)

C. BJ'S WHOLESALE CLUB, INC.

Mailing Address 25 RESEARCH DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	27	/	2015

Transaction ID : SB21B.5839

Amount of Each Disbursement this Period

327.23

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

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

1745.03

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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)

<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BJ'S WHOLESALE CLUB, INC.

Mailing Address 25 RESEARCH DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.6072

Amount of Each Disbursement this Period

272.17

Full Name (Last, First, Middle Initial)

B. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.5842

Amount of Each Disbursement this Period

8.20

Full Name (Last, First, Middle Initial)

C. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.6075

Amount of Each Disbursement this Period

11.80

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

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

292.17

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6076

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.6077

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CAUSEWAY

Mailing Address 65 CAUSEWAY ST

City State Zip Code
BOSTON MA 02114

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5968

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. EMILY CHABOT

Mailing Address 24 SAINT PAUL STREET
APARTMENT 4

City BROOKLINE State MA Zip Code 02446

Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.5795

Amount of Each Disbursement this Period

104.30

Full Name (Last, First, Middle Initial)

B. EMILY CHABOT

Mailing Address 24 SAINT PAUL STREET
APARTMENT 4

City BROOKLINE State MA Zip Code 02446

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.5796

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. EMILY CHABOT

Mailing Address 24 SAINT PAUL STREET
APARTMENT 4

City BROOKLINE State MA Zip Code 02446

Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : SB21B.5797

Amount of Each Disbursement this Period

73.08

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

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

212.38

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. EMILY CHABOT

Mailing Address 24 SAINT PAUL STREET
APARTMENT 4

City BROOKLINE State MA Zip Code 02446

Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6085

Amount of Each Disbursement this Period

B. EMILY CHABOT

Full Name (Last, First, Middle Initial)

Mailing Address 24 SAINT PAUL STREET
APARTMENT 4

City BROOKLINE State MA Zip Code 02446

Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6086

Amount of Each Disbursement this Period

C. THOMAS CUNNINGHAM

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 217

City SLASCONSET State MA Zip Code 02564

Purpose of Disbursement
IN-KIND: TRAVEL: AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5930

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. DEL FRISCO'S STEAKHOUSE

Mailing Address 250 NORTHERN AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2015

Transaction ID : SB21B.5851

Amount of Each Disbursement this Period

594.94

Full Name (Last, First, Middle Initial)

B. DEL FRISCO'S STEAKHOUSE

Mailing Address 250 NORTHERN AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.5852

Amount of Each Disbursement this Period

108.28

Full Name (Last, First, Middle Initial)

C. DAVID DRUMMOND

Mailing Address 329 BEACON ST
UNIT 2

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.5793

Amount of Each Disbursement this Period

156.92

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

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

860.14

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVID DRUMMOND

Mailing Address 329 BEACON ST
UNIT 2

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : **SB21B.5794**

Amount of Each Disbursement this Period

715.66

Full Name (Last, First, Middle Initial)

B. DAVID DRUMMOND

Mailing Address 329 BEACON ST
UNIT 2

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : **SB21B.6082**

Amount of Each Disbursement this Period

752.30

Full Name (Last, First, Middle Initial)

C. DAVID DRUMMOND

Mailing Address 329 BEACON ST
UNIT 2

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : **SB21B.6083**

Amount of Each Disbursement this Period

733.59

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

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

2201.55

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

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

FOR LINE NUMBER:
(check only one)

<input 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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. DUNKIN DONUTS

Mailing Address 301 CONGRESS ST

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.6084

Amount of Each Disbursement this Period

54.43

Full Name (Last, First, Middle Initial)

B. EXPEDIA, INC.

Mailing Address 333 108TH AVE NE

City BELLEVUE State WA Zip Code 98004

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2015

Transaction ID : SB21B.6088

Amount of Each Disbursement this Period

288.13

Full Name (Last, First, Middle Initial)

C. EXXONMOBIL

Mailing Address 5959 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2015

Transaction ID : SB21B.5854

Amount of Each Disbursement this Period

31.88

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

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

374.44

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 5959 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2015

Transaction ID : SB21B.6089

Amount of Each Disbursement this Period

45.14

B. FOUR SEASONS

Full Name (Last, First, Middle Initial)

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2015

Transaction ID : SB21B.5866

Amount of Each Disbursement this Period

176.59

C. FOUR SEASONS

Full Name (Last, First, Middle Initial)

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2015

Transaction ID : SB21B.5969

Amount of Each Disbursement this Period

90.97

[MEMO ITEM]

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

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

221.73

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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)

<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.5867

Amount of Each Disbursement this Period

153.67

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.5868

Amount of Each Disbursement this Period

83.28

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.6095

Amount of Each Disbursement this Period

120.58

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

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

357.53

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.6096

Amount of Each Disbursement this Period

101.60

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB21B.6097

Amount of Each Disbursement this Period

132.21

Full Name (Last, First, Middle Initial)

C. NICK GALLAGHER

Mailing Address 112 OLD FARM ROAD

City MILTON State MA Zip Code 02186

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : SB21B.5801

Amount of Each Disbursement this Period

2000.00

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

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

2233.81

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : **SB21B.5872**

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : **SB21B.5873**

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
CHABOT REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : **SB21B.6051**

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

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

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

70.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.5874

Amount of Each Disbursement this Period

92.00

Full Name (Last, First, Middle Initial)

B. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2015

Transaction ID : SB21B.5875

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2015

Transaction ID : SB21B.5876

Amount of Each Disbursement this Period

35.00

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

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

162.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.5877

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.6098

Amount of Each Disbursement this Period

38.00

Full Name (Last, First, Middle Initial)

C. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B.6099

Amount of Each Disbursement this Period

66.00

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

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

139.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.5881**

Amount of Each Disbursement this Period

52.84

Full Name (Last, First, Middle Initial)

B. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **SB21B.6100**

Amount of Each Disbursement this Period

44.35

Full Name (Last, First, Middle Initial)

C. HARBOR PARKING SERVICES

Mailing Address 220 OCEAN ST

City HYANNIS State MA Zip Code 02601

Purpose of Disbursement
HUNT REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : **SB21B.5981**

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

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

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

97.19

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SARAH HUNT

Mailing Address 412 HALE STREET
PO BOX 227

City PRIDES CROSSING State MA Zip Code 01965

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.5803

Amount of Each Disbursement this Period

385.36

Full Name (Last, First, Middle Initial)

B. SARAH HUNT

Mailing Address 412 HALE STREET
PO BOX 227

City PRIDES CROSSING State MA Zip Code 01965

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : SB21B.5802

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. SARAH HUNT

Mailing Address 412 HALE STREET
PO BOX 227

City PRIDES CROSSING State MA Zip Code 01965

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.5804

Amount of Each Disbursement this Period

1791.06

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

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

4176.42

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. HY-LINE CRUISES

Mailing Address 220 OCEAN ST

City State Zip Code
HYANNIS MA 02601

Purpose of Disbursement
HUNT REIMBURSEMENT: TRANSPORTATION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 31 / 2015

Transaction ID : **SB21B.5984**

Amount of Each Disbursement this Period

76.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JCI LLC

Mailing Address 11 WING BLVD

City State Zip Code
E. SANDWICH MA 02537

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 09 / 2015

Transaction ID : **SB21B.5882**

Amount of Each Disbursement this Period

12604.58

Full Name (Last, First, Middle Initial)

C. JCI LLC

Mailing Address 11 WING BLVD

City State Zip Code
E. SANDWICH MA 02537

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 06 / 2015

Transaction ID : **SB21B.5883**

Amount of Each Disbursement this Period

13334.89

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

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

25939.47

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. JCI LLC

Mailing Address 11 WING BLVD

City State Zip Code
E. SANDWICH MA 02537

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2015

Transaction ID : SB21B.6101

Amount of Each Disbursement this Period

12943.84

Full Name (Last, First, Middle Initial)

B. KING FRAME

Mailing Address 4 BROMFIELD ST.

City State Zip Code
BOSTON MA 02108

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
07 / 13 / 2015

Transaction ID : SB21B.5885

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

C. KING FRAME

Mailing Address 4 BROMFIELD ST.

City State Zip Code
BOSTON MA 02108

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
07 / 27 / 2015

Transaction ID : SB21B.5886

Amount of Each Disbursement this Period

506.00

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

13899.84

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

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

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

FOR LINE NUMBER:
(check only one)

<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.6102

Amount of Each Disbursement this Period

27.00

Full Name (Last, First, Middle Initial)

B. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.6103

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. LEGAL SEA FOODS

Mailing Address 75 MIDDLESEX TURNPIKE

City BURLINGTON State MA Zip Code 01803

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2015

Transaction ID : SB21B.5889

Amount of Each Disbursement this Period

160.22

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

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

207.22

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LIQUOR 'N MORE

Mailing Address 35 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : SB21B.5892

Amount of Each Disbursement this Period

1376.83

Full Name (Last, First, Middle Initial)

B. MERCHANT WAREHOUSE

Mailing Address 1 FEDERAL STREET
2ND FLOOR

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.5895

Amount of Each Disbursement this Period

37.90

Full Name (Last, First, Middle Initial)

C. MERCHANT WAREHOUSE

Mailing Address 1 FEDERAL STREET
2ND FLOOR

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.5896

Amount of Each Disbursement this Period

37.90

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

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

1452.63

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MERCHANT WAREHOUSE

Mailing Address 1 FEDERAL STREET
2ND FLOOR

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.6209

Amount of Each Disbursement this Period

66.90

Full Name (Last, First, Middle Initial)

B. MICK MORGAN'S

Mailing Address 118 NEEDHAM STREET

City NEWTON State MA Zip Code 02464

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2015

Transaction ID : SB21B.5898

Amount of Each Disbursement this Period

883.10

Full Name (Last, First, Middle Initial)

C. ANNIE MOLONEY

Mailing Address 11 WORCESTER STREET
UNIT 1

City BOSTON State MA Zip Code 01915

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.5792

Amount of Each Disbursement this Period

6666.66

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

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

7616.66

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MOOO

Mailing Address 15 BEACON ST

City BOSTON State MA Zip Code 02180

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2015

Transaction ID : SB21B.6107

Amount of Each Disbursement this Period

230.46

Full Name (Last, First, Middle Initial)

B. OCEAN HOUSE CORP.

Mailing Address 421 OLD WHARF ROAD

City DENNIS PORT State MA Zip Code 02639

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2015

Transaction ID : SB21B.5900

Amount of Each Disbursement this Period

216.34

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 6600 NORTH MILITARY TRAIL

City BOCA RATON State FL Zip Code 33496

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2015

Transaction ID : SB21B.5902

Amount of Each Disbursement this Period

531.24

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

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

978.04

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. OLDE BARNSTABLE FAIRGROUNDS GOLF COURSE

Mailing Address 1460 MA-149

City MARSTONS MILLS State MA Zip Code 02648

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.5904

Amount of Each Disbursement this Period

280.00

Full Name (Last, First, Middle Initial)

B. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2015

Transaction ID : SB21B.5905

Amount of Each Disbursement this Period

15021.25

Full Name (Last, First, Middle Initial)

C. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2015

Transaction ID : SB21B.5906

Amount of Each Disbursement this Period

3097.35

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

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

18398.60

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2015

Transaction ID : SB21B.5907

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB21B.6108

Amount of Each Disbursement this Period

3021.45

Full Name (Last, First, Middle Initial)

C. SARAH HUNT

Mailing Address 412 HALE STREET
PRIDES CROSSING

City BEVERLY State MA Zip Code 01965

Purpose of Disbursement
HUNT REIMBURSEMENT: TRAVEL: MILEAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.5979

Amount of Each Disbursement this Period

478.38

[MEMO ITEM]

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

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

6021.45

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2015

Transaction ID : **SB21B.5909**

Amount of Each Disbursement this Period

67.77

Full Name (Last, First, Middle Initial)

B. SHELL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2015

Transaction ID : **SB21B.5910**

Amount of Each Disbursement this Period

56.88

Full Name (Last, First, Middle Initial)

C. SHELL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : **SB21B.5908**

Amount of Each Disbursement this Period

48.74

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

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

173.39

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELL OIL

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.5911

Amount of Each Disbursement this Period

64.00

B. SHELL OIL

Full Name (Last, First, Middle Initial)

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.5912

Amount of Each Disbursement this Period

51.89

C. SHELL OIL

Full Name (Last, First, Middle Initial)

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2015

Transaction ID : SB21B.5913

Amount of Each Disbursement this Period

55.94

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

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

171.83

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELL OIL

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2015

Transaction ID : SB21B.5914

Amount of Each Disbursement this Period

75.75

B. SHELL OIL

Full Name (Last, First, Middle Initial)

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2015

Transaction ID : SB21B.5915

Amount of Each Disbursement this Period

53.16

C. SHELL OIL

Full Name (Last, First, Middle Initial)

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2015

Transaction ID : SB21B.5916

Amount of Each Disbursement this Period

54.00

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

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

182.91

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHERATON HOTEL

Mailing Address 16 GARDEN ST

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.5918

Amount of Each Disbursement this Period

515.58

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : SB21B.5923

Amount of Each Disbursement this Period

361.54

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.5924

Amount of Each Disbursement this Period

252.40

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

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

1129.52

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB21B.6113

Amount of Each Disbursement this Period

177.06

Full Name (Last, First, Middle Initial)

B. SUMMER HOUSE OF NANTUCKET

Mailing Address 17 OCEAN AVE

City NANTUCKET State MA Zip Code 02564

Purpose of Disbursement
HUNT REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB21B.5983

Amount of Each Disbursement this Period

1161.68

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SUNOCO

Mailing Address 1735 MARKET STREET
SUITE LL

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.6114

Amount of Each Disbursement this Period

44.21

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

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

221.27

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE LENOX

Mailing Address 61 EXETER STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : SB21B.5926

Amount of Each Disbursement this Period

215.53

Full Name (Last, First, Middle Initial)

B. THE LENOX

Mailing Address 61 EXETER STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SB21B.6116

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

C. THE LENOX

Mailing Address 61 EXETER STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2015

Transaction ID : SB21B.6117

Amount of Each Disbursement this Period

392.87

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

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

653.40

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE SUMMER HOUSE FAIR STREET

Mailing Address 27 FAIR ST

City NANTUCKET State MA Zip Code 02554

Purpose of Disbursement
HUNT REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.6047

Amount of Each Disbursement this Period

385.36

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.5933

Amount of Each Disbursement this Period

17.00

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
DRUMMOND REIMBRUSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.6056

Amount of Each Disbursement this Period

36.43

[MEMO ITEM]

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

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

17.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.5934**

Amount of Each Disbursement this Period

5.07

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.5935**

Amount of Each Disbursement this Period

8.75

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2015

Transaction ID : **SB21B.5936**

Amount of Each Disbursement this Period

9.27

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

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

23.09

**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)

<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB21B.5937

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2015

Transaction ID : SB21B.5938

Amount of Each Disbursement this Period

22.00

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2015

Transaction ID : SB21B.5939

Amount of Each Disbursement this Period

40.00

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

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

67.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. UBER TECHNOLOGIES, INC.

Date of Disbursement: / /

Mailing Address **239 CAUSEWAY STREET**

City **BOSTON** State **MA** Zip Code **02114**

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.5940**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)
B. UBER TECHNOLOGIES, INC.

Date of Disbursement: / /

Mailing Address **239 CAUSEWAY STREET**

City **BOSTON** State **MA** Zip Code **02114**

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.5941**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)
C. UBER TECHNOLOGIES, INC.

Date of Disbursement: / /

Mailing Address **239 CAUSEWAY STREET**

City **BOSTON** State **MA** Zip Code **02114**

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID : **SB21B.5942**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.5943

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.5944

Amount of Each Disbursement this Period

26.00

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : SB21B.5945

Amount of Each Disbursement this Period

6.10

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

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

52.10

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 239 CAUSEWAY STREET		Transaction ID : SB21B.5946
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: TAXI	Amount of Each Disbursement this Period 9.24
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:		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 239 CAUSEWAY STREET		Transaction ID : SB21B.5947
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: TAXI	Amount of Each Disbursement this Period 16.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 239 CAUSEWAY STREET		Transaction ID : SB21B.5948
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: TAXI	Amount of Each Disbursement this Period 5.90
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	31.14
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2015

Transaction ID : SB21B.5949

Amount of Each Disbursement this Period

7.20

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB21B.5950

Amount of Each Disbursement this Period

6.84

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB21B.5951

Amount of Each Disbursement this Period

10.76

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

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

24.80

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : SB21B.5952

Amount of Each Disbursement this Period

6.32

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : SB21B.5953

Amount of Each Disbursement this Period

7.25

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : SB21B.5954

Amount of Each Disbursement this Period

20.00

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

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

33.57

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2015

Transaction ID : SB21B.5955

Amount of Each Disbursement this Period

22.00

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB21B.5956

Amount of Each Disbursement this Period

6.05

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.6120

Amount of Each Disbursement this Period

6.98

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

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

35.03

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : SB21B.6121

Amount of Each Disbursement this Period

7.58

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : SB21B.6122

Amount of Each Disbursement this Period

8.87

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.6123

Amount of Each Disbursement this Period

18.99

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

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

35.44

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.6124

Amount of Each Disbursement this Period

32.10

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2015

Transaction ID : SB21B.6125

Amount of Each Disbursement this Period

5.23

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address LOGAL INTERNATIONAL AIRPORT #62

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.6126

Amount of Each Disbursement this Period

403.20

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

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

440.53

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICHAEL VAZQUEZ

Mailing Address 96 BUTLER ST

City LAWRENCE State MA Zip Code 01841

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : SB21B.5985

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL VAZQUEZ

Mailing Address 96 BUTLER ST

City LAWRENCE State MA Zip Code 01841

Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2015

Transaction ID : SB21B.5986

Amount of Each Disbursement this Period

76.30

Full Name (Last, First, Middle Initial)

C. VERIZON WIRELESS

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.5957

Amount of Each Disbursement this Period

351.66

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

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

1427.96

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

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

FOR LINE NUMBER:
(check only one)

<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **SB21B.6127**

Amount of Each Disbursement this Period

267.48

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **SB21B.6128**

Amount of Each Disbursement this Period

412.33

Full Name (Last, First, Middle Initial)

C. WEST END JOHNNIE'S

Mailing Address 138 PORTLAND ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2015

Transaction ID : **SB21B.5960**

Amount of Each Disbursement this Period

120.43

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

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

800.24

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. WILLOWBEND COUNTRY CLUB

Mailing Address 130 WILLOWBEND DRIVE

City MASHPEE State MA Zip Code 02649

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2015

Transaction ID : SB21B.5962

Amount of Each Disbursement this Period

293.63

Full Name (Last, First, Middle Initial)

B. WILLOWBEND COUNTRY CLUB

Mailing Address 130 WILLOWBEND DRIVE

City MASHPEE State MA Zip Code 02649

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB21B.6131

Amount of Each Disbursement this Period

5514.27

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

5807.90

121313.16

**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 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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC ST.
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
JFC TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : SB22.5963

Amount of Each Disbursement this Period

50171.36

B. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC ST.
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
JFC TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB22.5964

Amount of Each Disbursement this Period

59456.75

C. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
JFC TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB22.6105

Amount of Each Disbursement this Period

58421.14

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

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

168049.25

**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 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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
JFC TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : SB22.5965

Amount of Each Disbursement this Period

5424.54

Full Name (Last, First, Middle Initial)

B. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
JFC TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : SB22.5966

Amount of Each Disbursement this Period

13755.07

Full Name (Last, First, Middle Initial)

C. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
JFC TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SB22.6211

Amount of Each Disbursement this Period

13414.64

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

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

32594.25

200643.50