

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, 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 2011 through 07 31 2011

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

Type or Print Name of Treasurer Brent Anderson

Signature of Treasurer Electronically Filed by Brent Anderson Date 08 09 2011

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		226459.16
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	75862.55									
(c) Total Receipts (from Line 19)	39105.78	289192.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	114968.33	515652.09								
7. Total Disbursements (from Line 31)	60983.18	461666.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53985.15	53985.15								
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**

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	18369.78	158211.99
(ii) Unitemized	19236.00	123175.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37605.78	281387.93
(b) Political Party Committees	1400.00	1400.00
(c) Other Political Committees (such as PACs)	100.00	6405.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	39105.78	289192.93
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	39105.78	289192.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39105.78	289192.93

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	60983.18	461666.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	60983.18	461666.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	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))..	60983.18	461666.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60983.18	461666.94

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)	39105.78	289192.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39105.78	289192.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	60983.18	461666.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	60983.18	461666.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) CHRISTINA BAIN	Date of Receipt MM / DD / YYYY 07 / 14 / 2011
	Mailing Address 22 RAYMOND ST	Transaction ID: SA11.185589
	City State Zip Code MANCHESTER MA 01944-1613	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HARVARD UNIVERSITY PROGRAM DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

B.	Full Name (Last, First, Middle Initial) CHARLES BAKER	Date of Receipt MM / DD / YYYY 07 / 27 / 2011
	Mailing Address 49 MONUMENT AVE	Transaction ID: SA11.186011
	City State Zip Code SWAMPSCOTT MA 01907-1947	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	

C.	Full Name (Last, First, Middle Initial) KARYN DEVITO	Date of Receipt MM / DD / YYYY 07 / 25 / 2011
	Mailing Address 68 LINDEN ST	Transaction ID: SA11.185914
	City State Zip Code WELLESLEY MA 02482-5809	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	145.00
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 7 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
LOIS EDGERLY

Mailing Address 32 HIGHLAND ST

City State Zip Code
CAMBRIDGE MA 02138-2210

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 ▼ 225.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2011

Transaction ID: SA11.185628

Amount of Each Receipt this Period
125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CARL HERBERT EMILSON

Mailing Address P.O. BOX 128
236 CORN HILL LANE DO NOT MAIL

City State Zip Code
MARSHFIELD MA 02059-0128

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

Name of Employer Occupation
UNKNOWN UNKNOWN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2011

Transaction ID: SA11.185867

Amount of Each Receipt this Period
180.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WOLFGANG FALCONE

Mailing Address 80 HANCOCK AVE

City State Zip Code
BROCKTON MA 02301-2941

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 ▼ 270.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2011

Transaction ID: SA11.185908

Amount of Each Receipt this Period
70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) JANE F. FINLAYSON</p> <p>Mailing Address 18 ESSEX ST</p> <p>City State Zip Code BOSTON MA 02129-1603</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 212.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2011</p> <p>Transaction ID: SA11.185741</p> <p>Amount of Each Receipt this Period 137.00</p> <p>CONTRIBUTION</p>
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<p>B. Full Name (Last, First, Middle Initial) GREGORY HOWES</p> <p>Mailing Address 23 SOUTH ST</p> <p>City State Zip Code CONCORD MA 01742-4021</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HOWES INSURANCE GROUP PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 535.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2011</p> <p>Transaction ID: SA11.185597</p> <p>Amount of Each Receipt this Period 35.00</p> <p>CONTRIBUTION</p>
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<p>C. Full Name (Last, First, Middle Initial) STEPHEN JEFFRIES</p> <p>Mailing Address 12 BRIMMER ST</p> <p>City State Zip Code BOSTON MA 02108-1002</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation S.B. JEFFRIES CONSULTANTS PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1111.12</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2011</p> <p>Transaction ID: SA11.185522</p> <p>Amount of Each Receipt this Period 277.78</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	449.78
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 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LINDA JEWELL

Mailing Address 11 DOVER CIR

City State Zip Code
FRANKLIN MA 02038-1560

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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2011

Transaction ID: SA11.185745

Amount of Each Receipt this Period
75.00

CONTRIBUTION

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

Mailing Address 162 POND ST

City State Zip Code
ASHLAND MA 01721-2061

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

Name of Employer Occupation
SELF EMPLOYED BUILDER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2011

Transaction ID: SA11.185954

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

Mailing Address 959 HILL RD

City State Zip Code
BOXBOROUGH MA 01719-1012

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

Name of Employer Occupation
ARNOLD & KANGAS, P.C. LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 11350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2011

Transaction ID: SA11.185535

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5375.00**

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 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JOHN LAROSA	Date of Receipt MM / DD / YYYY 07 / 13 / 2011
	Mailing Address 273 ROSLINDALE AVE	Transaction ID: SA11.185567
	City State Zip Code ROSLINDALE MA 02131-3339	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF Occupation BUSINESS AND POLITICAL CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

B.	Full Name (Last, First, Middle Initial) JOHN LAROSA	Date of Receipt MM / DD / YYYY 07 / 19 / 2011
	Mailing Address 273 ROSLINDALE AVE	Transaction ID: SA11.185756
	City State Zip Code ROSLINDALE MA 02131-3339	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF Occupation BUSINESS AND POLITICAL CONSULTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

C.	Full Name (Last, First, Middle Initial) BRAD MARSTON	Date of Receipt MM / DD / YYYY 07 / 25 / 2011
	Mailing Address 90 BEACON ST #2	Transaction ID: SA11.185900
	City State Zip Code BOSTON MA 02108-3324	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer RETIRED Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

SUBTOTAL of Receipts This Page (optional)	▶	105.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) LANCE MAY		Date of Receipt MM / DD / YYYY 07 / 26 / 2011
Mailing Address 277 HIGHLAND ST		Transaction ID: SA11.186002
City LUNENBURG	State MA	Zip Code 01462-1482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SELF-EMPLOYED	Occupation POLITICAL CONSULTANT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) PETER MONACO		Date of Receipt MM / DD / YYYY 07 / 20 / 2011
Mailing Address 311 MARLBOROUGH ST		Transaction ID: SA11.185815
City BOSTON	State MA	Zip Code 02116-1608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer RAPTOR CAPITAL MANAGEMENT	Occupation DIRECTOR	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

C.

Full Name (Last, First, Middle Initial) PAUL MORGAN		Date of Receipt MM / DD / YYYY 07 / 29 / 2011
Mailing Address 23 EAGLES NEST RD		Transaction ID: SA11.186077
City DUXBURY	State MA	Zip Code 02332-5111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 110.00
Name of Employer MORGAN CONSTRUCTION	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional)	▶	10160.00
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 12 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) JOHN RACHO		Date of Receipt MM / DD / YYYY 07 / 18 / 2011
Mailing Address 395 LINEBROOK RD		Transaction ID: SA11.185743
City IPSWICH	State MA	Zip Code 01938-1030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer JOHN GALT STAFFING, INC	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

B.

Full Name (Last, First, Middle Initial) ANNE KATELYN REGAN		Date of Receipt MM / DD / YYYY 07 / 14 / 2011
Mailing Address 19 PINE LODGE RD		Transaction ID: SA11.185603
City BOSTON	State MA	Zip Code 02132-3414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer EAP&D	Occupation IP PARALEGEL	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

C.

Full Name (Last, First, Middle Initial) ANNE KATELYN REGAN		Date of Receipt MM / DD / YYYY 07 / 25 / 2011
Mailing Address 19 PINE LODGE RD		Transaction ID: SA11.185911
City BOSTON	State MA	Zip Code 02132-3414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer EAP&D	Occupation IP PARALEGEL	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	510.00
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 13 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) REBECCA SCHIFF</p> <p>Mailing Address 9 CHASKE AVE</p> <p>City State Zip Code AUBURNDALE MA 02466-1103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UNIVERSITY OF RHODE ISLAND DEVELOPMENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 670.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2011</p> <p>Transaction ID: SA11.185560</p> <p>Amount of Each Receipt this Period 35.00</p> <p>CONTRIBUTION</p>
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<p>B. Full Name (Last, First, Middle Initial) REBECCA SCHIFF</p> <p>Mailing Address 9 CHASKE AVE</p> <p>City State Zip Code AUBURNDALE MA 02466-1103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UNIVERSITY OF RHODE ISLAND DEVELOPMENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 670.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2011</p> <p>Transaction ID: SA11.185903</p> <p>Amount of Each Receipt this Period 35.00</p> <p>CONTRIBUTION</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) ROBERT SEPERSKY</p> <p>Mailing Address 65 SOUTHWORTH ST</p> <p>City State Zip Code LAKEVILLE MA 02347-1214</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF EMPLOYED PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 385.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2011</p> <p>Transaction ID: SA11.186030</p> <p>Amount of Each Receipt this Period 385.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	455.00
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 14 / 50

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DIANNA SMITH

Mailing Address 94 NEWBURY AVE
#314

City State Zip Code
QUINCY MA 02171-1958

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

Name of Employer Occupation
BMC REGISTERED NURSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2011

Transaction ID: SA11.185782

Amount of Each Receipt this Period
75.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
D. BRADFORD WETHERELL

Mailing Address 47 FRESH POND LN

City State Zip Code
CAMBRIDGE MA 02138-4644

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2011

Transaction ID: SA11.185936

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JOSEPH WINN

Mailing Address 3 JONAS STONE CIR

City State Zip Code
LEXINGTON MA 02420-2136

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

Name of Employer Occupation
SELF EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: SA11.185607

Amount of Each Receipt this Period
220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	495.00
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 / 50	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) GEORGE YOUNG		Date of Receipt	
	Mailing Address 235 WALKER ST APT. 252		M M / D D / Y Y Y Y 07 / 18 / 2011	
	City	State	Zip Code	Transaction ID: SA11.185729
	LENOX	MA	01240-2721	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		300.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	18369.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 2ND ST NE

City	State	Zip Code
WASHINGTON	DC	20002-4914

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

MM / DD / YYYY
07 / 11 / 2011

Transaction ID: SA11.185537

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 2ND ST NE

City	State	Zip Code
WASHINGTON	DC	20002-4914

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

MM / DD / YYYY
07 / 18 / 2011

Transaction ID: SA11.185744

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

1400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 50	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) PETERSON		Date of Receipt
	Mailing Address PO BOX 274		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	GRAFTON	MA	01519-0274
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA11.185916 Amount of Each Receipt this Period <input type="text" value="100.00"/> CONTRIBUTION	
		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="100.00"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 50

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

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

A.	Full Name (Last, First, Middle Initial) JODY BLAIS	Transaction ID: SB.47 Date of Disbursement 07 / 26 / 2011
	Mailing Address 1420 COUNTY STREET	Amount of Each Disbursement this Period 230.00
	City ATTLEBORO State MA Zip Code 02703	
	Purpose of Disbursement REIMBURSEMENT - EVENT SUPPLIES - PARTY O	
	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:	

B.	Full Name (Last, First, Middle Initial) PRICE RITE	Transaction ID: SB.97 Date of Disbursement 07 / 26 / 2011
	Mailing Address 1415 ELMWOOD AVE	Amount of Each Disbursement this Period 230.00
	City CRANSTON State RI Zip Code 02910	
	Purpose of Disbursement EVENT SUPPLIES - PARTY ONLY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) SUE BLAIS	Transaction ID: SB.84 Date of Disbursement 07 / 19 / 2011
	Mailing Address 1420 COUNTY ST	Amount of Each Disbursement this Period 375.00
	City ATTLEBORO State MA Zip Code 02730	
	Purpose of Disbursement REIMBURSEMENT - EVENT ONLY	
	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) ▶

605.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) PRICE RITE Mailing Address 1415 ELMWOOD AVE City CRANSTON State RI Zip Code 02910 Purpose of Disbursement EVENT SUPPLIES - PARTY ONLY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.99 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 1 1
	Amount of Each Disbursement this Period 375.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) STEPHEN BRENNER Mailing Address 37 MERRITT AVE City BROCKTON State MA Zip Code 02302 Purpose of Disbursement EVENT ENTERTAINMENT - PARTY ONLY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.83 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 225.00

C. Full Name (Last, First, Middle Initial) TIMOTHY BUCKLEY Mailing Address 55 W BROADWAY #8 City SOUTH BOSTON State MA Zip Code 02127 Purpose of Disbursement REIMBURSEMENT - PHONE EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.86 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 118.77

SUBTOTAL of Disbursements This Page (optional) ▶	343.77
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: SB.98
	Mailing Address PO BOX 15062	Date of Disbursement MM / DD / YYYY 07 / 05 / 2011
	City ALBANY State NY Zip Code 12212	Amount of Each Disbursement this Period 118.77
	Purpose of Disbursement PHONE BILL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MATTHEW CASTALDO	Transaction ID: SB.51
	Mailing Address 83 SUMMIT RIDGE	Date of Disbursement MM / DD / YYYY 07 / 11 / 2011
	City BRAINTREE State MA Zip Code 02184	Amount of Each Disbursement this Period 312.40
	Purpose of Disbursement REIMBURSEMENT - MILEAGE, TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BOWDOIN SQAURE EXXON	Transaction ID: SB.96
	Mailing Address 239 CAMBRIDGE ST	Date of Disbursement MM / DD / YYYY 07 / 11 / 2011
	City BOSTON State MA Zip Code 02114	Amount of Each Disbursement this Period 312.40
	Purpose of Disbursement GAS/TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	312.40
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MATTHEW CASTALDO	Transaction ID: SB.52 Date of Disbursement 07 / 20 / 2011
	Mailing Address 83 SUMMIT RIDGE	Amount of Each Disbursement this Period 1000.00
	City BRAINTREE State MA Zip Code 02184	
	Purpose of Disbursement COMMUNICATIONS CONSULTANT - PARTY ONLY	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMANDA CODY	Transaction ID: SB.1 Date of Disbursement 07 / 06 / 2011
	Mailing Address 73 ABBOTT AVENUE	Amount of Each Disbursement this Period 111.72
	City EVERETT State MA Zip Code 02149	
	Purpose of Disbursement REIMBURSEMENT - PHONE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: SB.88 Date of Disbursement 07 / 06 / 2011
	Mailing Address PO BOX 15062	Amount of Each Disbursement this Period 111.72
	City ALBANY State NY Zip Code 12212	
	Purpose of Disbursement PHONE BILL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1111.72

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AMANDA CODY	Transaction ID: SB.2 Date of Disbursement 07 / 20 / 2011
	Mailing Address 73 ABBOTT AVENUE	Amount of Each Disbursement this Period 435.59
	City EVERETT State MA Zip Code 02149	
	Purpose of Disbursement REIMBURSEMENT - POST OFFICE AND TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) CVS	Transaction ID: SB.91 Date of Disbursement 07 / 20 / 2011
	Mailing Address 2 CENTER PLAZA	Amount of Each Disbursement this Period 3.39
	City BOSTON State MA Zip Code 02114	
	Purpose of Disbursement OFFICE SUPPLIES	
	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:	

C.	Full Name (Last, First, Middle Initial) METRO CAB	Transaction ID: SB.90 Date of Disbursement 07 / 20 / 2011
	Mailing Address 120 BRAINTREE ST	Amount of Each Disbursement this Period 21.80
	City ALLSTON State MA Zip Code 02134	
	Purpose of Disbursement CAB FARE	
	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)	▶	435.59
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
U.S. POSTAL SERVICE

Mailing Address JFK STATION

City BOSTON State MA Zip Code 02114

Purpose of Disbursement MAILINGS AND PERMIT RENEWAL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.89
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

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

Mailing Address 73 ABBOTT AVENUE

City EVERETT State MA Zip Code 02149

Purpose of Disbursement REIMBURSEMENT - TRAVEL AND EVENT SUPPLIE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.3
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Mailing Address 120 BRAINTREE ST

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement CAB FARE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.92
Date of Disbursement

/ /

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 Republican State Congressional Committee

<p>A. Full Name (Last, First, Middle Initial) ANTONY FERRUCCI</p> <p>Mailing Address 62 DWIGHT STREET, APT 1</p> <p>City BROOKLINE State MA Zip Code 02446</p> <p>Purpose of Disbursement REIMBURSEMENT: PHONE, TAXI, MILEAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.12 Date of Disbursement: 07 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 140.00</p>
<p>B. Full Name (Last, First, Middle Initial) BOWDOIN SQAURE EXXON</p> <p>Mailing Address 239 CAMBRIDGE ST</p> <p>City BOSTON State MA Zip Code 02114</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.94 Date of Disbursement: 07 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) LAZ PARKING</p> <p>Mailing Address 100 HIGH ST</p> <p>City BOSTON State MA Zip Code 02110</p> <p>Purpose of Disbursement PARKING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.95 Date of Disbursement: 07 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 21.12</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

140.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) VERIZON WIRELESS Mailing Address PO BOX 15062 City ALBANY State NY Zip Code 12212 Purpose of Disbursement PHONE BILL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.93 Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2011
	Amount of Each Disbursement this Period 60.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) MATTHEW KESWICK Mailing Address 231 VICTORY ROAD City QUINCY State MA Zip Code 02171 Purpose of Disbursement STRATEGY CONSULTING - PARTY ONLY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.53 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2011
	Amount of Each Disbursement this Period 6000.00

C. Full Name (Last, First, Middle Initial) MELISSA LUCAS Mailing Address 22 SLAYTON RD. City MELROSE State MA Zip Code 02176 Purpose of Disbursement EVENT PLANNING CONSULTANT-PARTY ONLY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.54 Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
	Amount of Each Disbursement this Period 2557.00

SUBTOTAL of Disbursements This Page (optional) ▶	8557.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101--127</p> <p>Purpose of Disbursement CONTRIBUTONS REVENUE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.10 Date of Disbursement 07 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 125.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101--127</p> <p>Purpose of Disbursement CONTRIBUTONS REVENUE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.11 Date of Disbursement 07 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 170.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101--127</p> <p>Purpose of Disbursement CONTRIBUTIONS REVENUE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.4 Date of Disbursement 07 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional)	545.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101--127</p> <p>Purpose of Disbursement CC PROCESSING FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.5 Date of Disbursement 07 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 762.30</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101--127</p> <p>Purpose of Disbursement CONTRIBUTIONS REVENUE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.6 Date of Disbursement 07 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101--127</p> <p>Purpose of Disbursement CONTRIBUTONS REVENUE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.7 Date of Disbursement 07 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 210.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1172.30

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. BOX 1270 City NEWARK State NJ Zip Code 07101--127 Purpose of Disbursement CC PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.8 Date of Disbursement 07 / 18 / 2011
	Amount of Each Disbursement this Period 100.00

B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. BOX 1270 City NEWARK State NJ Zip Code 07101--127 Purpose of Disbursement CONTRIBUTIONS REVENUE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.9 Date of Disbursement 07 / 19 / 2011
	Amount of Each Disbursement this Period 25.00

C. Full Name (Last, First, Middle Initial) AUTHORIZE.NET Mailing Address P.O. BOX 8999 City SAN FRANCISCO State CA Zip Code 94128 Purpose of Disbursement CC PROCESSING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.13 Date of Disbursement 07 / 05 / 2011
	Amount of Each Disbursement this Period 5.00

SUBTOTAL of Disbursements This Page (optional) ▶	130.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AUTHORIZE.NET	Transaction ID: SB.14 Date of Disbursement
	Mailing Address P.O. BOX 8999	<input type="text" value="07"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City SAN FRANCISCO State CA Zip Code 94128	Amount of Each Disbursement this Period
	Purpose of Disbursement CC PROCESSING FEES	<input type="text" value="20.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AUTHORIZE.NET	Transaction ID: SB.15 Date of Disbursement
	Mailing Address P.O. BOX 8999	<input type="text" value="07"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City SAN FRANCISCO State CA Zip Code 94128	Amount of Each Disbursement this Period
	Purpose of Disbursement CC PROCESSING FEES	<input type="text" value="15.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK	Transaction ID: SB.16 Date of Disbursement
	Mailing Address PO BOX 25118	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City TAMPA State FL Zip Code 33622	Amount of Each Disbursement this Period
	Purpose of Disbursement CC PROCESSING FEE	<input type="text" value="49.99"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK	Transaction ID: SB.17
	Mailing Address PO BOX 25118	Date of Disbursement 07 / 03 / 2011
	City TAMPA State FL Zip Code 33622	Amount of Each Disbursement this Period 74.99
	Purpose of Disbursement CC PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK	Transaction ID: SB.18
	Mailing Address PO BOX 25118	Date of Disbursement 07 / 03 / 2011
	City TAMPA State FL Zip Code 33622	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement CC PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BFSDANIELS	Transaction ID: SB.19
	Mailing Address 12 CHANNEL STREET	Date of Disbursement 07 / 12 / 2011
	City BOSTON State MA Zip Code 02210	Amount of Each Disbursement this Period 558.88
	Purpose of Disbursement BBQ INVITATIONS AND POSTAGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	658.87
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BLUE CROSS BLUE SHIELD	Transaction ID: SB.20
	Mailing Address PO BOX 371318	Date of Disbursement MM / DD / YYYY 07 / 07 / 2011
	City PITTSBURGH State PA Zip Code 15250--731	Amount of Each Disbursement this Period 461.92
	Purpose of Disbursement STAFF HEALTH INSURANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOWDITCH & DEWEY	Transaction ID: SB.21
	Mailing Address 310 MAIN STREET PO BOX 15156	Date of Disbursement MM / DD / YYYY 07 / 11 / 2011
	City WORCESTER State MA Zip Code 01615	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement LEGAL FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CENTURY TYPE INC.	Transaction ID: SB.22
	Mailing Address 1020 COMMONWEALTH AVENUE	Date of Disbursement MM / DD / YYYY 07 / 07 / 2011
	City BOSTON State MA Zip Code 02215	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement LETTERHEAD	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1761.92
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB.23 Date of Disbursement 07 / 19 / 2011
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 950.00
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement COMPUTER SOFTWARE BILL	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DIRECT MAIL SYSTEMS	Transaction ID: SB.24 Date of Disbursement 07 / 19 / 2011
	Mailing Address 12450 AUTOMOBILE BOULEVARD	Amount of Each Disbursement this Period 3815.37
	City CLEARWATER State FL Zip Code 33762	
	Purpose of Disbursement DIRECT MAIL EXPENSES	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EDIBLE ARRANGEMENTS	Transaction ID: SB.25 Date of Disbursement 07 / 27 / 2011
	Mailing Address 241 WASHINGTON ST	Amount of Each Disbursement this Period 73.00
	City BOSTON State MA Zip Code 02114	
	Purpose of Disbursement EVENT - PARTY ONLY	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4838.37
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address ONE CONCOURSE PARKWAY, SUITE 300</p> <p>City ATLANTA State GA Zip Code 30328</p> <p>Purpose of Disbursement CC PROCESSING FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.26</p> <p>Date of Disbursement 07 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 159.03</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address ONE CONCOURSE PARKWAY, SUITE 300</p> <p>City ATLANTA State GA Zip Code 30328</p> <p>Purpose of Disbursement CONTRIBUTIONS REVENUE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.27</p> <p>Date of Disbursement 07 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 377.78</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address ONE CONCOURSE PARKWAY, SUITE 300</p> <p>City ATLANTA State GA Zip Code 30328</p> <p>Purpose of Disbursement CONTRIBUTIONS REVENUE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.28</p> <p>Date of Disbursement 07 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 356.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

892.81

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.29 Date of Disbursement 07 / 15 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 275.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTIONS REVENUE	
	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:	

B.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.30 Date of Disbursement 07 / 18 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 851.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTIONS REVENUE	
	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:	

C.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.31 Date of Disbursement 07 / 18 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 365.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTIONS REVENUE	
	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)	▶	1491.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 <hr/> City ATLANTA State GA Zip Code 30328 <hr/> Purpose of Disbursement CONTRIBUTIONS REVENUE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.32 Date of Disbursement 07 / 20 / 2011 <hr/> Amount of Each Disbursement this Period 1234.00
B.	Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 <hr/> City ATLANTA State GA Zip Code 30328 <hr/> Purpose of Disbursement CONTRIBUTIONS REVENUE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.33 Date of Disbursement 07 / 21 / 2011 <hr/> Amount of Each Disbursement this Period 485.00
C.	Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 <hr/> City ATLANTA State GA Zip Code 30328 <hr/> Purpose of Disbursement CONTRIBUTIONS REVENUE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.34 Date of Disbursement 07 / 22 / 2011 <hr/> Amount of Each Disbursement this Period 477.00

SUBTOTAL of Disbursements This Page (optional) ▶

2196.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.35 Date of Disbursement 07 / 25 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 415.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTIONS REVENUE	
	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:	

B.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.36 Date of Disbursement 07 / 25 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 160.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTIONS REVENUE	
	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:	

C.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.37 Date of Disbursement 07 / 25 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 775.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTIONS REVENUE	
	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)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.38 Date of Disbursement 07 / 28 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 100.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTIONS REVENUE	
	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:	

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.39 Date of Disbursement 07 / 05 / 2011
	Mailing Address P.O. BOX 371461	Amount of Each Disbursement this Period 15.17
	City PITTSBURGH State PA Zip Code 15250--746	
	Purpose of Disbursement SHIPPING	
	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:	

C.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.40 Date of Disbursement 07 / 08 / 2011
	Mailing Address P.O. BOX 371461	Amount of Each Disbursement this Period 25.98
	City PITTSBURGH State PA Zip Code 15250--746	
	Purpose of Disbursement SHIPPING	
	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)	▶	141.15
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.41 Date of Disbursement 07 / 14 / 2011
	Mailing Address P.O. BOX 371461	
	City PITTSBURGH State PA Zip Code 15250--746	Amount of Each Disbursement this Period 34.75
	Purpose of Disbursement SHIPPING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.42 Date of Disbursement 07 / 26 / 2011
	Mailing Address P.O. BOX 371461	
	City PITTSBURGH State PA Zip Code 15250--746	Amount of Each Disbursement this Period 34.75
	Purpose of Disbursement SHIPPING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FLS CONNECT	Transaction ID: SB.43 Date of Disbursement 07 / 26 / 2011
	Mailing Address 7300 HUDSON BLVD. STE.270	
	City S. PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period 8482.70
	Purpose of Disbursement TELEMARKETING EXPENSES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8552.20
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GO DADDY.COM	Transaction ID: SB.44 Date of Disbursement 07 / 14 / 2011
	Mailing Address 14455 N HAYDEN RD SUITE 219	Amount of Each Disbursement this Period 36.51
	City SCOTTSDALE State AZ Zip Code 85260	
	Purpose of Disbursement INTERNET EXPENSE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ICONACT	Transaction ID: SB.45 Date of Disbursement 07 / 05 / 2011
	Mailing Address 5221 PARAMOUNT PARKWAY	Amount of Each Disbursement this Period 149.00
	City MORRISVILLE State NC Zip Code 27560	
	Purpose of Disbursement EMAIL BLAST EXPENSE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) INTUIT QB ONLINE	Transaction ID: SB.46 Date of Disbursement 07 / 05 / 2011
	Mailing Address 2700 COAST AVENUE	Amount of Each Disbursement this Period 37.13
	City MOUNTAIN VIEW State CA Zip Code 94943	
	Purpose of Disbursement ACCOUNTING SYSTEM FEE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	222.64
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) KONICA MINOLTA <hr/> Mailing Address PO BOX 550599 <hr/> City JACKSONVILLE State FL Zip Code 32255 Purpose of Disbursement COPIER SERVICE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.48 Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2011 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">693.95</div>
B.	Full Name (Last, First, Middle Initial) KONICA MINOLTA PREMIER FINANCE <hr/> Mailing Address PO BOX 790448 <hr/> City ST LOUIS State MO Zip Code 63179-0-44 Purpose of Disbursement COPIER SERVICE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.49 Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2011 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1436.50</div>
C.	Full Name (Last, First, Middle Initial) MASSACHUSETTS REPUBLICAN PARTY <hr/> Mailing Address 85 MERRIMAC ST. <hr/> City BOSTON State MA Zip Code 02114 Purpose of Disbursement TRANSFER TO STATE ACCOUNT - OVERCONTRIBU Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.50 Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2011 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1350.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">3480.45</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MERCHANTS BANKCARDS Mailing Address 1700 N DIXIE HIGHWAY City BOCA RATON State FL Zip Code 33432 Purpose of Disbursement CC PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.55 Date of Disbursement 07 / 05 / 2011	Amount of Each Disbursement this Period 27.45
B.	Full Name (Last, First, Middle Initial) MERCHANTS BANKCARDS Mailing Address 1700 N DIXIE HIGHWAY City BOCA RATON State FL Zip Code 33432 Purpose of Disbursement CC PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.56 Date of Disbursement 07 / 05 / 2011	Amount of Each Disbursement this Period 57.45
C.	Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES Mailing Address 117 SOUTH 14TH ST. SUITE 300 City RICHMOND State VA Zip Code 23219 Purpose of Disbursement UTILITIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.57 Date of Disbursement 07 / 05 / 2011	Amount of Each Disbursement this Period 374.20

SUBTOTAL of Disbursements This Page (optional) ▶	459.10
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES	Transaction ID: SB.58
	Mailing Address 117 SOUTH 14TH ST. SUITE 300	Date of Disbursement 07 / 26 / 2011
	City RICHMOND State VA Zip Code 23219	Amount of Each Disbursement this Period 4434.00
	Purpose of Disbursement RENT	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES	Transaction ID: SB.59
	Mailing Address 468 GREAT ROAD	Date of Disbursement 07 / 06 / 2011
	City ACTON State MA Zip Code 01720	Amount of Each Disbursement this Period 1871.10
	Purpose of Disbursement PAYROLL TAXES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES	Transaction ID: SB.60
	Mailing Address 468 GREAT ROAD	Date of Disbursement 07 / 06 / 2011
	City ACTON State MA Zip Code 01720	Amount of Each Disbursement this Period 5131.56
	Purpose of Disbursement NET PAYROLL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	11436.66
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL SERVICE FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.61 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 1 1
	Amount of Each Disbursement this Period 50.35

B. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL SERVICE FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.62 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 41.60

C. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.63 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1871.10

SUBTOTAL of Disbursements This Page (optional) ▶	1963.05
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES</p> <p>Mailing Address 468 GREAT ROAD</p> <p>City ACTON State MA Zip Code 01720</p> <p>Purpose of Disbursement NET PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.64 Date of Disbursement 07 / 15 / 2011</p> <p>Amount of Each Disbursement this Period 5131.56</p>
<p>B. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES</p> <p>Mailing Address 468 GREAT ROAD</p> <p>City ACTON State MA Zip Code 01720</p> <p>Purpose of Disbursement TAX REFUND</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.65 Date of Disbursement 07 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 80.45</p>
<p>C. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES</p> <p>Mailing Address 468 GREAT ROAD</p> <p>City ACTON State MA Zip Code 01720</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.66 Date of Disbursement 07 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 0.02</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5212.03

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.67 Date of Disbursement 07 / 01 / 2011
	Mailing Address 01 W 15TH STREET	Amount of Each Disbursement this Period 47.87
	City AUSTIN State TX Zip Code 78710	
	Purpose of Disbursement CONTRIBUTIONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.68 Date of Disbursement 07 / 05 / 2011
	Mailing Address 01 W 15TH STREET	Amount of Each Disbursement this Period 143.62
	City AUSTIN State TX Zip Code 78710	
	Purpose of Disbursement CONTRIBUTIONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.69 Date of Disbursement 07 / 07 / 2011
	Mailing Address 01 W 15TH STREET	Amount of Each Disbursement this Period 47.87
	City AUSTIN State TX Zip Code 78710	
	Purpose of Disbursement CONTRIBUTIONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	239.36
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.70
	Mailing Address 01 W 15TH STREET	Date of Disbursement 07 / 12 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 134.04
	Purpose of Disbursement CONTRIBUTIONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.71
	Mailing Address 01 W 15TH STREET	Date of Disbursement 07 / 15 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 67.02
	Purpose of Disbursement CONTRIBUTIONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.72
	Mailing Address 01 W 15TH STREET	Date of Disbursement 07 / 18 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 67.02
	Purpose of Disbursement CONTRIBUTONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	268.08
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.73
	Mailing Address 01 W 15TH STREET	Date of Disbursement 07 / 19 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 71.81
	Purpose of Disbursement CONTRIBUTONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.74
	Mailing Address 01 W 15TH STREET	Date of Disbursement 07 / 21 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 67.02
	Purpose of Disbursement CONTRIBUTONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.75
	Mailing Address 01 W 15TH STREET	Date of Disbursement 07 / 22 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 67.02
	Purpose of Disbursement CONTRIBUTONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	205.85
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.76 Date of Disbursement 07 / 25 / 2011
	Mailing Address 01 W 15TH STREET	Amount of Each Disbursement this Period 67.02
	City AUSTIN State TX Zip Code 78710	
	Purpose of Disbursement CONTRIBUTONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.77 Date of Disbursement 07 / 27 / 2011
	Mailing Address 01 W 15TH STREET	Amount of Each Disbursement this Period 138.83
	City AUSTIN State TX Zip Code 78710	
	Purpose of Disbursement CONTRIBUTONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.78 Date of Disbursement 07 / 28 / 2011
	Mailing Address 01 W 15TH STREET	Amount of Each Disbursement this Period 383.00
	City AUSTIN State TX Zip Code 78710	
	Purpose of Disbursement CONTRIBUTONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	588.85
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.79
	Mailing Address 01 W 15TH STREET	Date of Disbursement 07 / 29 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 177.13
	Purpose of Disbursement CONTRIBUTONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PROLAB EXPRESS	Transaction ID: SB.80
	Mailing Address 3525 LOUSMA DR SE	Date of Disbursement 07 / 05 / 2011
	City GRAND RAPIDS State MI Zip Code 49548	Amount of Each Disbursement this Period 6.34
	Purpose of Disbursement PHOTO PURCHASE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCITUATE PORTABLE RESTROOMS	Transaction ID: SB.81
	Mailing Address 26 GREEN HILL RD	Date of Disbursement 07 / 25 / 2011
	City JONHSTON State RI Zip Code 02919	Amount of Each Disbursement this Period 120.00
	Purpose of Disbursement FUNDRAISING EVENT - PARTY ONLY	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	303.47
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) STAPLES	Transaction ID: SB.82 Date of Disbursement 07 / 26 / 2011
	Mailing Address STAPLES CREDIT PLAN	Amount of Each Disbursement this Period 58.29
	City DES MOINES State IA Zip Code 50368--902	
	Purpose of Disbursement OFFICE SUPPLIES	
	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:	

B.	Full Name (Last, First, Middle Initial) TIA'S AT LONG WHARF	Transaction ID: SB.85 Date of Disbursement 07 / 15 / 2011
	Mailing Address 200 ATLANTIC AVENUE	Amount of Each Disbursement this Period 503.75
	City BOSTON State MA Zip Code 02110	
	Purpose of Disbursement FUNDRAISING EVENT - PARTY ONLY	
	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:	

C.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: SB.87 Date of Disbursement 07 / 05 / 2011
	Mailing Address P.O. BOX 15023	Amount of Each Disbursement this Period 655.45
	City WORCESTER State MA Zip Code 01615-00-2	
	Purpose of Disbursement PHONE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

1217.49

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

60983.18