

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="178412.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="127923.77"/>	<input type="text" value="127923.77"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="306336.26"/>	<input type="text" value="127923.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="106783.93"/>	<input type="text" value="106783.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="199552.33"/>	<input type="text" value="21139.84"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58052.77	58052.77
(ii) Unitemized	18871.00	18871.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	76923.77	76923.77
(b) Political Party Committees	46000.00	46000.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	127923.77	127923.77
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	127923.77	127923.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	127923.77	127923.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	106783.93	106783.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	106783.93	106783.93
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 Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	106783.93	106783.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	106783.93	106783.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	127923.77	127923.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	127923.77	127923.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	106783.93	106783.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	106783.93	106783.93

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

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

FOR LINE NUMBER: PAGE 7 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. S. WARREN FARRELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 SUMMIT RD
 City State Zip Code
 BELMONT MA 02478-1059
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2008
Transaction ID : SA11.187642
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. MR. HENNING FREDERIKSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 529
 City State Zip Code
 BARNSTABLE MA 02630-0529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2008
Transaction ID : SA11.187603
 Amount of Each Receipt this Period
 225.00
 CONTRIBUTION

C. MR. CHRISTIAN HARTIGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 ELIOT ST
 City State Zip Code
 SHERBORN MA 01770-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JENZABAR, INC. SALES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 15000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2008
Transaction ID : SA11.187475
 Amount of Each Receipt this Period
 15000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 15475.00
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 OF 46
(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. MR. STEPHEN JEFFRIES
Full Name (Last, First, Middle Initial)
Mailing Address 12 BRIMMER ST
MAIL ONCE
City BOSTON State MA Zip Code 02108-1002
FEC ID number of contributing federal political committee. C
Name of Employer S.B. JEFFRIES CONSULTANTS Occupation PRESIDENT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 277.77

Date of Receipt 01 / 09 / 2008
Transaction ID : SA11.187470
Amount of Each Receipt this Period 277.77
CONTRIBUTION

B. MS. MIMI JESPERSEN
Full Name (Last, First, Middle Initial)
Mailing Address 10 CHRISTINE LN
City SALEM State NH Zip Code 03079-1234
FEC ID number of contributing federal political committee. C
Name of Employer JENZABAR, INC. Occupation VICE PRESIDENT FINANCE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 10000.00

Date of Receipt 01 / 10 / 2008
Transaction ID : SA11.187471
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. MS. MIMI JESPERSEN
Full Name (Last, First, Middle Initial)
Mailing Address 10 CHRISTINE LN
City SALEM State NH Zip Code 03079-1234
FEC ID number of contributing federal political committee. C
Name of Employer JENZABAR, INC. Occupation VICE PRESIDENT FINANCE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 10000.00

Date of Receipt 01 / 19 / 2008
Transaction ID : SA11.187495
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 10277.77
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 9 OF 46
(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. MRS. ELIZABETH JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 CHARLES RIVER SQ
 City BOSTON State MA Zip Code 02114-3202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 30 / 2008
Transaction ID : SA11.187827
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. MR. KURT LANZA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2178
 City LITTLETON State MA Zip Code 01460-3178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFO REQUESTED 12/13/11 Occupation INFO REQUESTED 12/13/11
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2008
Transaction ID : SA11.187566
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. MR. P ANDREWS MCLANE
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 DEAN RD
 City WESTON State MA Zip Code 02493-2709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TA ASSOCIATES, INC. Occupation PRIVATE EQUITY INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 01 / 18 / 2008
Transaction ID : SA11.187489
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 10500.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 46
(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. MR. DAVID GRAVES MUGAR
Full Name (Last, First, Middle Initial)
Mailing Address 222 BERKELEY ST
City BOSTON State MA Zip Code 02116-3748
FEC ID number of contributing federal political committee. C
Name of Employer SELF-EMPLOYED Occupation BUSINESSMAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 15000.00

Date of Receipt 01 / 12 / 2008
Transaction ID : SA11.187472
Amount of Each Receipt this Period 15000.00
CONTRIBUTION

B. MR. JOHN SHAUGHNESSY
Full Name (Last, First, Middle Initial)
Mailing Address 91 LONGMEADOW RD
City MILTON State MA Zip Code 02186-3720
FEC ID number of contributing federal political committee. C
Name of Employer SHAUGHNESSY AND AHERN Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 30 / 2008
Transaction ID : SA11.187830
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. JAMES WHEELER
Full Name (Last, First, Middle Initial)
Mailing Address 552 GAY ST
City WESTWOOD State MA Zip Code 02090-1722
FEC ID number of contributing federal political committee. C
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 23 / 2008
Transaction ID : SA11.187651
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 15500.00
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 OF 46
(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. MR. GEORGE YOUNG
Full Name (Last, First, Middle Initial)
Mailing Address 235 WALKER ST
APT. 252
City LENOX State MA Zip Code 01240-2749
FEC ID number of contributing federal political committee. **C**
Name of Employer RETIRED Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 23 / 2008
Transaction ID : SA11.187657
Amount of Each Receipt this Period 300.00
CONTRIBUTION

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

Date of Receipt
Amount of Each Receipt this Period

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

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	58052.77

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 12 OF 46
<input type="checkbox"/> 11a 13	<input checked="" type="checkbox"/> 11b 14
<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 425 2ND ST NE

City WASHINGTON	State DC	Zip Code 20002-4914
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FEC ID number of contributing federal political committee. **C** C00027466

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
46000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	23	/	2008

Transaction ID : SA11.187497

Amount of Each Receipt this Period
46000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	46000.00
TOTAL This Period (last page this line number only).....▶	46000.00

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

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

FOR LINE NUMBER: PAGE 13 OF 46
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. PFIZER
Full Name (Last, First, Middle Initial)
Mailing Address **ANDY ANTROBUS**
235 E 42ND ST
City **NEW YORK** State **NY** Zip Code **10017-5703**
FEC ID number of contributing federal political committee. **C C00016683**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 23 / 2008
Transaction ID : SA11.187675
Amount of Each Receipt this Period
5000.00
CONTRIBUTION

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

Date of Receipt
Amount of Each Receipt this Period

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

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. KAYLA BERUBE

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2012

Transaction ID : SB.10022

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

B. KAYLA BERUBE

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2012

Transaction ID : SB.10023

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

C. KAYLA BERUBE

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2012

Transaction ID : SB.10024

Amount of Each Disbursement this Period

1153.85

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

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

3461.55

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. TIMOTHY BUCKLEY

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2012

Transaction ID : SB.10042

Amount of Each Disbursement this Period

1346.15

Full Name (Last, First, Middle Initial)

B. TIMOTHY BUCKLEY

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2012

Transaction ID : SB.10043

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. TIMOTHY BUCKLEY

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : SB.10044

Amount of Each Disbursement this Period

1346.15

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

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

4192.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. TIMOTHY BUCKLEY

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : SB.10045

Amount of Each Disbursement this Period

1346.15

Full Name (Last, First, Middle Initial)

B. TIMOTHY BUCKLEY

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2012

Transaction ID : SB.10046

Amount of Each Disbursement this Period

269.58

Full Name (Last, First, Middle Initial)

C. TIMOTHY BUCKLEY

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB.10047

Amount of Each Disbursement this Period

118.79

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

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

1734.52

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. MATTHEW COCCIARDI

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	2

Transaction ID : SB.10028

Amount of Each Disbursement this Period

1	1	5	3	.	8	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MATTHEW COCCIARDI

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	2

Transaction ID : SB.10029

Amount of Each Disbursement this Period

1	1	5	3	.	8	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MATTHEW COCCIARDI

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : SB.10030

Amount of Each Disbursement this Period

1	1	5	3	.	8	5
---	---	---	---	---	---	---

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

3	4	6	1	.	5	5
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TOTAL This Period (last page this line number only)..... ▶

3	4	6	1	.	5	5
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. MATTHEW COCCIARDI

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	24	/	2012

Transaction ID : SB.10031

Amount of Each Disbursement this Period

258.78

Full Name (Last, First, Middle Initial)

B. AMANDA CODY

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	03	/	2012

Transaction ID : SB.10006

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

C. AMANDA CODY

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	03	/	2012

Transaction ID : SB.10007

Amount of Each Disbursement this Period

1500.00

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

2912.63

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. AMANDA CODY

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	17	/	2012

Transaction ID : SB.10008

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

B. AMANDA CODY

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2012

Transaction ID : SB.10009

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

C. AMANDA CODY

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	12	/	2012

Transaction ID : SB.10010

Amount of Each Disbursement this Period

188.97

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

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

2496.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. ANTHONY FERRUCCI

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2012

Transaction ID : SB.10011

Amount of Each Disbursement this Period

1154.00

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

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2012

Transaction ID : SB.10012

Amount of Each Disbursement this Period

1500.00

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

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : SB.10013

Amount of Each Disbursement this Period

1154.00

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

3808.00

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

Full Name (Last, First, Middle Initial)

A. BRADFORD GARNETT

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2012

Transaction ID : SB.10014

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

B. BRADFORD GARNETT

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : SB.10015

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

C. BRADFORD GARNETT

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : SB.10016

Amount of Each Disbursement this Period

1153.85

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

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

3461.55

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. BRADFORD GARNETT

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	2

Transaction ID : SB.10017

Amount of Each Disbursement this Period

2	7	6	.	3	3
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JAMES HEAVENER

Mailing Address 200 W WELBORNE AVE

City WINTER PARK State FL Zip Code 32789

Purpose of Disbursement
EVENT ENTRY FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	2

Transaction ID : SB.10021

Amount of Each Disbursement this Period

1	7	5	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. ROSS HEMMINGER

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	2

Transaction ID : SB.10040

Amount of Each Disbursement this Period

1	1	5	.	3	8	5
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	6	0	.	5	1	8
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ROSS HEMMINGER

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : **SB.10041**

Amount of Each Disbursement this Period

1	1	5	3	.	8	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. ALEXANDER INGRAM

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	2

Transaction ID : **SB.10001**

Amount of Each Disbursement this Period

1	1	5	3	.	8	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. ALEXANDER INGRAM

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	2

Transaction ID : **SB.10002**

Amount of Each Disbursement this Period

1	1	5	3	.	8	5
---	---	---	---	---	---	---

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

3	4	6	1	.	5	5
---	---	---	---	---	---	---

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

3	4	6	1	.	5	5
---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. ALEXANDER INGRAM

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2012

Transaction ID : **SB.10003**

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

B. NATE LITTLE

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	03	/	2012

Transaction ID : **SB.10032**

Amount of Each Disbursement this Period

2750.00

Full Name (Last, First, Middle Initial)

C. NATE LITTLE

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	17	/	2012

Transaction ID : **SB.10033**

Amount of Each Disbursement this Period

2750.00

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

6653.85

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. NATE LITTLE

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : SB.10034

Amount of Each Disbursement this Period

2750.00

Full Name (Last, First, Middle Initial)

B. NATE LITTLE

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2012

Transaction ID : SB.10035

Amount of Each Disbursement this Period

84.00

Full Name (Last, First, Middle Initial)

C. ALLEIGH MARRE

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : SB.10004

Amount of Each Disbursement this Period

1923.08

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

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

4757.08

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. ALLEIGH MARRE

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2012

Transaction ID : SB.10005

Amount of Each Disbursement this Period

1923.08

Full Name (Last, First, Middle Initial)

B. JAMES O'CONNELL

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2012

Transaction ID : SB.10018

Amount of Each Disbursement this Period

2769.23

Full Name (Last, First, Middle Initial)

C. JAMES O'CONNELL

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2012

Transaction ID : SB.10019

Amount of Each Disbursement this Period

2769.23

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

7461.54

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. JAMES O'CONNELL

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Transaction ID : SB.10020

Purpose of Disbursement
PAYROLL

Amount of Each Disbursement this Period

5	0	7	6	.	2	3
---	---	---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. MARGARET PAULIN

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	2

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Transaction ID : SB.10025

Purpose of Disbursement
PAYROLL

Amount of Each Disbursement this Period

1	1	5	3	.	8	5
---	---	---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. MARGARET PAULIN

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	1	2

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Transaction ID : SB.10026

Purpose of Disbursement
PAYROLL

Amount of Each Disbursement this Period

1	1	5	3	.	8	5
---	---	---	---	---	---	---

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

5	0	7	6	.	9	3
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TOTAL This Period (last page this line number only)..... ▶

5	0	7	6	.	9	3
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. MARGARET PAULIN

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : SB.10027

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

B. PRISCILLA RUZZO

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2012

Transaction ID : SB.10036

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

C. PRISCILLA RUZZO

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : SB.10037

Amount of Each Disbursement this Period

3750.00

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

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

8653.85

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. PRISCILLA RUZZO

Mailing Address 85 MERRIMAC ST
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : SB.10038

Amount of Each Disbursement this Period

3	7	5	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. RAJ S. SHAH

Mailing Address 17 BETMARLEA RD

City NORWALK State CT Zip Code 06850

Purpose of Disbursement
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	2

Transaction ID : SB.10039

Amount of Each Disbursement this Period

3	2	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. 1&1 INTERNET INC.

Mailing Address 701 LEE ROAD
STE 300

City CHESTERBROOK State PA Zip Code 19087

Purpose of Disbursement
ONLINE SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	2

Transaction ID : SB.10048

Amount of Each Disbursement this Period

5	9	.	8	8
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	1	2	9	.	8	8
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. AMAZON.COM

Mailing Address 1516 2ND AVE

City SEATTLE State WA Zip Code 98101

Purpose of Disbursement
OFFICE EQUIPMENT PURCHASE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	2

Transaction ID : SB.10049

Amount of Each Disbursement this Period

6	7	6	1	9
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS MERCHANT SERVICES

Mailing Address PO BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	2

Transaction ID : SB.10050

Amount of Each Disbursement this Period

4	9	5
---	---	---

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS MERCHANT SERVICES

Mailing Address PO BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	2

Transaction ID : SB.10051

Amount of Each Disbursement this Period

3	1	3	1
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SUBTOTAL of Disbursements This Page (optional)..... ▶

9	9	4	6	5
---	---	---	---	---

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

9	9	4	6	5
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2012

Transaction ID : SB.10052

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2012

Transaction ID : SB.10053

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : SB.10054

Amount of Each Disbursement this Period

35.00

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

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

70.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BFSDANIELS

Mailing Address 12 CHANNEL ST.

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	2

Transaction ID : **SB.10055**

Amount of Each Disbursement this Period

1	5	9	.	3	8
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BFSDANIELS

Mailing Address 12 CHANNEL ST.

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : **SB.10056**

Amount of Each Disbursement this Period

2	0	1	.	8	8
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. BLUE CROSS BLUE SHIELD OF MA, INC

Mailing Address BOX 371318

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	2

Transaction ID : **SB.10057**

Amount of Each Disbursement this Period

4	6	1	.	9	2
---	---	---	---	---	---

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

8	2	3	.	1	8
---	---	---	---	---	---

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

8	2	3	.	1	8
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. BOSTON BEER WORKS

Mailing Address 110 CANAL ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : **SB.10058**

Amount of Each Disbursement this Period

94.48

Full Name (Last, First, Middle Initial)

B. BOSTON GLOBE

Mailing Address 135 MORRISSEY BLVD

City BOSTON State MA Zip Code 02205

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2012

Transaction ID : **SB.10059**

Amount of Each Disbursement this Period

15.96

Full Name (Last, First, Middle Initial)

C. BOWDITCH & DEWEY, LLP

Mailing Address PO BOX 15156

City WORCESTER State MA Zip Code 01615

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : **SB.10060**

Amount of Each Disbursement this Period

3151.95

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

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

3262.39

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. BOWDITCH & DEWEY, LLP

Mailing Address PO BOX 15156

City WORCESTER State MA Zip Code 01615

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2012

Transaction ID : SB.10061

Amount of Each Disbursement this Period

2450.00

Full Name (Last, First, Middle Initial)

B. BYTEBULB

Mailing Address PO BOX 51896

City BOSTON State MA Zip Code 02205

Purpose of Disbursement
TECHNOLOGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB.10062

Amount of Each Disbursement this Period

331.50

Full Name (Last, First, Middle Initial)

C. CAMBRIDGE OFFSET PRINTING

Mailing Address 56 CREIGHTON ST.

City CAMBRIDGE State MA Zip Code 02140

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB.10063

Amount of Each Disbursement this Period

196.56

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

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

2978.06

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. CHARLESTOWN SELF STORAGE

Mailing Address 50 TERMINAL ST
BLDG 1

City CHARLESTOWN State MA Zip Code 02129

Purpose of Disbursement
STORAGE RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2012

Transaction ID : **SB.10064**

Amount of Each Disbursement this Period

156.00

Full Name (Last, First, Middle Initial)

B. CHARLESTOWN SELF STORAGE

Mailing Address 50 TERMINAL ST
BLDG 1

City CHARLESTOWN State MA Zip Code 02129

Purpose of Disbursement
STORAGE RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : **SB.10065**

Amount of Each Disbursement this Period

156.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : **SB.10066**

Amount of Each Disbursement this Period

950.00

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

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

1262.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL SYSTEMS

Mailing Address 12450 AUTOMOBILE BLVD

City CLEARWATER State FL Zip Code 33762

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	2

Transaction ID : SB.10067

Amount of Each Disbursement this Period

3	6	1	3	.	5	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. DOUBLE TREE BOSTON-WESTBOROUGH

Mailing Address 5400 COMPUTER DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : SB.10068

Amount of Each Disbursement this Period

2	1	8	3	.	2	1
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. ELAVON

Mailing Address ONE CONCOURSE PARKWAY
STE 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	2

Transaction ID : SB.10069

Amount of Each Disbursement this Period

9	9	.	0	9
---	---	---	---	---

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

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

5	8	9	5	.	8	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURG State PA Zip Code 15250

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB.10070

Amount of Each Disbursement this Period

65.70

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURG State PA Zip Code 15250

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2012

Transaction ID : SB.10071

Amount of Each Disbursement this Period

24.58

Full Name (Last, First, Middle Initial)

C. GATTO'S GREENHOUSES

Mailing Address 49 JAMES ST

City WORCESTER State MA Zip Code 01603

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2012

Transaction ID : SB.10072

Amount of Each Disbursement this Period

100.00

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

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

190.28

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. HAMPSHIRE HOUSE

Mailing Address 84 BEACON ST

City BOSTON State MA Zip Code 02108

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	2

Transaction ID : SB.10073

Amount of Each Disbursement this Period

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. HARVARD PILGRAM HEALTH CARE

Mailing Address 135 WOOD ROAD

City BRAintree State MA Zip Code 02184

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	2

Transaction ID : SB.10074

Amount of Each Disbursement this Period

1	7	3	5	1	5	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. ICONTACT CORP

Mailing Address 5221 PARAMOUNT PKWY
STE 200

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
ONLINE SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	2

Transaction ID : SB.10075

Amount of Each Disbursement this Period

1	4	9	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	6	3	4	1	5	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. INTUIT INC.

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ONLINE SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	2

Transaction ID : SB.10076

Amount of Each Disbursement this Period

3	7	.	1	3
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. KONICA MINOLTA PREMIER FINANCE

Mailing Address P.O. BOX 790448

City ST LOUIS State MO Zip Code 63179

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	2

Transaction ID : SB.10077

Amount of Each Disbursement this Period

8	7	0	.	3	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MASS BUSINESS ASSOCIATION

Mailing Address 135 WOOD RD

City BRAINTREE State MA Zip Code 02184

Purpose of Disbursement
MEMBERSHIP DUES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	2

Transaction ID : SB.10078

Amount of Each Disbursement this Period

1	2	5	.	0	0
---	---	---	---	---	---

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

1	0	3	.	2	.	4	8
---	---	---	---	---	---	---	---

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

1	0	3	.	2	.	4	8
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. MERCHANT BANKCARD

Mailing Address 1700 N DIXIE HWY
STE 125

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	2

Transaction ID : SB.10079

Amount of Each Disbursement this Period

7	4	.	9	9
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MERCHANT BANKCARD

Mailing Address 1700 N DIXIE HWY
STE 125

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	2

Transaction ID : SB.10080

Amount of Each Disbursement this Period

5	7	.	4	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MERCHANT BANKCARD

Mailing Address 1700 N DIXIE HWY
STE 125

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	2

Transaction ID : SB.10081

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

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

1	5	.	7	4	4
---	---	---	---	---	---

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

1	5	.	7	4	4
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. NATIONAL SERVICE CENTER

Mailing Address P.O. BOX 738

City HUNTINGTON BEACH State CA Zip Code 92648

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB.10082

Amount of Each Disbursement this Period

450.46

Full Name (Last, First, Middle Initial)

B. OX-EYE PROPERTIES

Mailing Address 117 S. 14TH ST., #300

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement RENT & UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB.10083

Amount of Each Disbursement this Period

4434.00

Full Name (Last, First, Middle Initial)

C. OX-EYE PROPERTIES

Mailing Address 117 S. 14TH ST., #300

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement RENT & UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2012

Transaction ID : SB.10084

Amount of Each Disbursement this Period

394.54

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

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

5279.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD
#5

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL SERVICES/TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2012

Transaction ID : SB.10085

Amount of Each Disbursement this Period

2976.53

Full Name (Last, First, Middle Initial)

B. PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD
#5

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL SERVICES/TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : SB.10086

Amount of Each Disbursement this Period

2800.70

Full Name (Last, First, Middle Initial)

C. PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD
#5

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL SERVICES/TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : SB.10087

Amount of Each Disbursement this Period

2613.77

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

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

8391.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. PIRYX, INC.

Mailing Address 144 SECOND ST
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	17	/	2012

Transaction ID : SB.10088

Amount of Each Disbursement this Period

4.25

Full Name (Last, First, Middle Initial)

B. PIRYX, INC.

Mailing Address 144 SECOND ST
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	24	/	2012

Transaction ID : SB.10089

Amount of Each Disbursement this Period

2.13

Full Name (Last, First, Middle Initial)

C. PIRYX, INC.

Mailing Address 144 SECOND ST
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	26	/	2012

Transaction ID : SB.10090

Amount of Each Disbursement this Period

4.25

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

10.63

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. PIRYX, INC.

Mailing Address 144 SECOND ST
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	2

Transaction ID : SB.10091

Amount of Each Disbursement this Period

6	.	3	9
---	---	---	---

Full Name (Last, First, Middle Initial)

B. PIRYX, INC.

Mailing Address 144 SECOND ST
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : SB.10092

Amount of Each Disbursement this Period

7	.	8	7
---	---	---	---

Full Name (Last, First, Middle Initial)

C. POLAND SPRINGS

Mailing Address #215 6661 DIXIE HWY
STE 4

City LOUISVILLE State KY Zip Code 40258

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	2

Transaction ID : SB.10093

Amount of Each Disbursement this Period

2	4	.	6	8
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	8	.	9	4
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB.10094

Amount of Each Disbursement this Period

19.06

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address PO BOX 689020

City DES MOINES State IA Zip Code 50368

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB.10095

Amount of Each Disbursement this Period

89.11

Full Name (Last, First, Middle Initial)

C. STUBHUB, INC.

Mailing Address 199 FREEMONT ST FLOOR 4

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement MEETING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : SB.10096

Amount of Each Disbursement this Period

430.65

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

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

538.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. THE PROSPER GROUP

Mailing Address 435 EAST MAIN ST.
SUITE 250

City GREENWOOD State IN Zip Code 46143

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB.10097

Amount of Each Disbursement this Period

4239.34

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address PO BOX 1100

City ALBANY State NY Zip Code 12250

Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB.10098

Amount of Each Disbursement this Period

657.14

Full Name (Last, First, Middle Initial)

C. WILLINGTON MEDIA

Mailing Address 27 PROSPECT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
TECHNOLOGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2012

Transaction ID : SB.10099

Amount of Each Disbursement this Period

1000.00

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

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

5896.48

106783.93