

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 12 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Brent Andersen  
Signature of Treasurer Electronically Filed by Brent Andersen Date 06 11 2009

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		9164.06
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	8636.17									
(c) Total Receipts (from Line 19) .....	35123.19	576216.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43759.36	585380.61								
7. Total Disbursements (from Line 31) .....	29415.02	571036.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	14344.34	14344.34								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	72892.22									

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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	29300.00	415950.00
(i) Itemized (use Schedule A) .....	5643.00	114320.17
(ii) Unitemized .....	34943.00	530270.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	50.00	39351.73
(c) Other Political Committees (such as PACs) .....	34993.00	569621.90
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	130.19	4344.43
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	2250.22
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)) .....	35123.19	576216.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35123.19	576216.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	21797.00	363575.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21797.00	363575.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	35746.73
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	13958.08
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 .....	7618.02	157755.65
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	7618.02	157755.65
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29415.02	571036.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29415.02	571036.27

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	34993.00	569621.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34993.00	569621.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21797.00	363575.81
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	130.19	4344.43
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21666.81	359231.38

Form/Schedule : **F3XA**

Transaction ID :

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 40  
(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

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)  
Elisabeth Allison

Mailing Address 69 Pinehurst Rd.

City Belmont State MA Zip Code 02478

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

Name of Employer Anzi Ltd. Occupation Publishing Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 18 / 2007

Transaction ID: 80115.C166701

Amount of Each Receipt this Period 500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Breuer

Mailing Address 9 Plymouth Road

City Winchester State MA Zip Code 01890

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 07 / 2007

Transaction ID: 71210.C166660

Amount of Each Receipt this Period 2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Michael Burd

Mailing Address 584 Strawberry Hill Rd.

City Concord State MA Zip Code 01742

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 ▼ 500.00

Date of Receipt 12 / 14 / 2007

Transaction ID: 80115.C166669

Amount of Each Receipt this Period 500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 40  
(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)  
William Cammarano

Mailing Address 299 Goddard Ave.

City State Zip Code  
Brookline MA 02445

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 ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

**Transaction ID:** 80115.C166664

Amount of Each Receipt this Period 500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Stephen Certa

Mailing Address 408 Washington Street

City State Zip Code  
Weymouth MA 02188

FEC ID number of contributing federal political committee. C

Name of Employer Watch All Occupation Pest Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

**Transaction ID:** 80115.C166754

Amount of Each Receipt this Period 150.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Nathan Couch

Mailing Address 5 High Rock Rd.

City State Zip Code  
Dover MA 02030

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 M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

**Transaction ID:** 80115.C166681

Amount of Each Receipt this Period 50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 700.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 40  
(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)  
William Dawson

Mailing Address P.O. Box 1942

City State Zip Code  
Eastham MA 02651

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 27 / 2007

**Transaction ID:** 80115.C166782

Amount of Each Receipt this Period 250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Wolfgang Falcone

Mailing Address 80 Hancock Ave.

City State Zip Code  
Brockton MA 02301

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 ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 05 / 2007

**Transaction ID:** 71210.C166627

Amount of Each Receipt this Period 100.00

Receipt

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

Mailing Address 11 Pine Cobble

City State Zip Code  
Plymouth MA 02360

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 / D D / Y Y Y Y  
12 / 03 / 2007

**Transaction ID:** 71210.C166615

Amount of Each Receipt this Period 250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 40

(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)  
Adolfo Garcia

Mailing Address PO Box 135

City State Zip Code  
Prides Crossing MA 01965

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Ropes & Gray Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y  
12 / 19 / 2007

**Transaction ID:** 80115.C166753

Amount of Each Receipt this Period 1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Green

Mailing Address 2 John Matthews Rd

City State Zip Code  
Southborough MA 01772

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Green & Woodier Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y  
12 / 05 / 2007

**Transaction ID:** 71210.C166628

Amount of Each Receipt this Period 250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Herbert Grover

Mailing Address 330 Main St.

City State Zip Code  
Rowley MA 01969

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Jacobs Technology Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y Y  
12 / 18 / 2007

**Transaction ID:** 80115.C166705

Amount of Each Receipt this Period 100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 1350.00

**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 / 40

(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)  
Paul Gudonis

Mailing Address 9 Hickory Hill Rd.

City State Zip Code  
Manchester-by-the- MA 01944

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

Name of Employer Occupation  
US First Foundation President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: 80115.C166706

Amount of Each Receipt this Period

100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Frederick Hafer

Mailing Address 1010 Waltham Street  
Apt. H291

City State Zip Code  
Lexington MA 02421

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 ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: 80115.C166697

Amount of Each Receipt this Period

75.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
David Heidke

Mailing Address 24 Santee Road

City State Zip Code  
Brockton MA 02301

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

Name of Employer Occupation  
State Street Bank Assistant Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: 71210.C166630

Amount of Each Receipt this Period

250.00

Receipt

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

425.00

**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 / 40  
(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)  
George Hoguet

Mailing Address 17 Chesam Rd.

City State Zip Code  
Brookline MA 02146

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

Name of Employer  
State Street Global Advisors  
Occupation  
Portfolio Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

**Transaction ID:** 71210.C166617

Amount of Each Receipt this Period  
5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Jeanne Kangas

Mailing Address 959 Hill Rd

City State Zip Code  
Boxborough MA 01719

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

Name of Employer  
Arnold & Kangas, P.C.  
Occupation  
Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

**Transaction ID:** 71210.C166623

Amount of Each Receipt this Period  
250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Brian Lafferty

Mailing Address PO Box 462  
DO NOT MAIL

City State Zip Code  
Bolton MA 01740

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

Name of Employer  
Information Requested  
Occupation  
Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

**Transaction ID:** 71210.C166626

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 40  
(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)  
David Leary

Mailing Address 623 Route 6A

City State Zip Code  
Sandwich MA 02537

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: 71210.C16620

Amount of Each Receipt this Period  
50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Salvatore Luciano

Mailing Address 8 Rodney Rd

City State Zip Code  
Peabody MA 01960

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 80115.C166755

Amount of Each Receipt this Period  
100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Merrill Mack

Mailing Address 24 Terrace Rd.

City State Zip Code  
Weston MA 02493

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

Name of Employer Liberty Mutual Occupation Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: 80115.C166709

Amount of Each Receipt this Period  
150.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**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 / 40  
(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)  
Holt Massey

Mailing Address 85 Merrimac Street

City Boston State MA Zip Code 02114

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

Name of Employer Massey & Co., LLC Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 12 / 27 / 2007  
Transaction ID: 80115.C166780  
Amount of Each Receipt this Period 10000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Matthew Merritt

Mailing Address ValleyHead Inc.  
PO Box 714

City Lenox State MA Zip Code 01240

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

Name of Employer Valleyhead Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 07 / 2007  
Transaction ID: 71210.C166662  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Paul Owens

Mailing Address PO Box 920390

City Needham State MA Zip Code 02492-0005

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

Name of Employer Intrinsic, Inc Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 14 / 2007  
Transaction ID: 80115.C166670  
Amount of Each Receipt this Period 200.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11200.00

**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 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Albert Paladino  
Mailing Address 12 Wachusett Rd.  
City Chestnut Hill State MA Zip Code 02467  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Venture Capitalist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00  
Date of Receipt 12 / 18 / 2007  
Transaction ID: 80115.C166713  
Amount of Each Receipt this Period 125.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Raymond Ruddy  
Mailing Address 26 Rolling Lane  
City Dover State MA Zip Code 02030  
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 ▼ 4500.00  
Date of Receipt 12 / 05 / 2007  
Transaction ID: 71210.C166621  
Amount of Each Receipt this Period 4500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
William Wheeler  
Mailing Address 174 Laurel Road  
City Chestnut Hill State MA Zip Code 02467  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00  
Date of Receipt 12 / 18 / 2007  
Transaction ID: 80115.C166710  
Amount of Each Receipt this Period 100.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4725.00  
**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 16 / 40  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)  
Brooks Zug

Mailing Address 202 Farm Road  
DO NOT MAIL

City State Zip Code  
Sherborn MA 01770

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

Name of Employer Harborvest Partners Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 80115.C166752

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	29300.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 40	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) April Flynn		Date of Receipt
	Mailing Address PO Box 2671		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Attleboro	MA	02763
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Olsten Staffing		Occupation Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="50.00"/>	
			Transaction ID: 71210.C166649
			Amount of Each Receipt this Period <input type="text" value="50.00"/>
			Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="50.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="50.00"/>

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) SCM Associates</p> <p>Mailing Address Steve Meyers 1283 Main Street</p> <p>City Dublin State NH Zip Code 03444-</p> <p>Purpose of Disbursement Direct Mail and Telemarketing - party related non FEA</p> <p>Candidate Name <span style="border: 1px solid black; padding: 2px;"> </span> Category/Type</p> <p>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) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 71210.E10051 <b>Date of Disbursement:</b> 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: inline-block; width: 100px; text-align: center;">3445.20</span></p> <p><b>DIRECT MAIL AND TELEMARKETING - PARTY RELATED NON FEA</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Css Castle Self-Storage</p> <p>Mailing Address 39 Old Colony Ave.</p> <p>City Boston State MA Zip Code 02127-</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name <span style="border: 1px solid black; padding: 2px;"> </span> Category/Type</p> <p>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) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 80115.E10065 <b>Date of Disbursement:</b> 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: inline-block; width: 100px; text-align: center;">339.00</span></p> <p><b>STORAGE</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hui Jojo Deng</p> <p>Mailing Address 117 Beaconsfield Road</p> <p>City Brookline State MA Zip Code 02445-</p> <p>Purpose of Disbursement Accounting Services</p> <p>Candidate Name <span style="border: 1px solid black; padding: 2px;"> </span> Category/Type</p> <p>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) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 71210.E10045 <b>Date of Disbursement:</b> 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: inline-block; width: 100px; text-align: center;">536.25</span></p> <p><b>ACCOUNTING SERVICES</b></p>

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

4320.45

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 40

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) DirecTV DirecTV</p> <p>Mailing Address PO Box 60036</p> <p>City Los Angeles State CA Zip Code 90060-0036</p> <p>Purpose of Disbursement Cable</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><b>Transaction ID:</b> 71210.E10044 <b>Date of Disbursement</b> 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 87.12</p> <p>Category/Type CABLE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)</p> <p>Mailing Address PO Box 371461</p> <p>City Pittsburgh State PA Zip Code 15250-</p> <p>Purpose of Disbursement Express Mail</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><b>Transaction ID:</b> 80115.E10062 <b>Date of Disbursement</b> 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 238.90</p> <p>Category/Type EXPRESS MAIL</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Guardian Guardian</p> <p>Mailing Address Boston Group Office 1 Liberty Square</p> <p>City Boston State MA Zip Code 02109-</p> <p>Purpose of Disbursement Insurance</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><b>Transaction ID:</b> 80115.E10084 <b>Date of Disbursement</b> 12 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 408.56</p> <p>Category/Type INSURANCE</p>

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

**734.58**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 40

<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) The Hampshire House	Transaction ID: 80115.E10063 Date of Disbursement 12 / 10 / 2007
	Mailing Address 84 Beacon St.	
	City Boston State MA Zip Code 02108-	Amount of Each Disbursement this Period 1279.90
	Purpose of Disbursement Event	EVENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal	Transaction ID: 71210.E10046 Date of Disbursement 12 / 03 / 2007
	Mailing Address 1200 Crown Colony Dr.	
	City Quincy State MA Zip Code 02169-	Amount of Each Disbursement this Period 2064.86
	Purpose of Disbursement Health Insurances	HEALTH INSURANCES
	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) Lyndsay Jones	Transaction ID: 80115.E10072 Date of Disbursement 12 / 10 / 2007
	Mailing Address 16 Oval Road	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 127.08
	Purpose of Disbursement Reimbursement for travel	REIMBURSEMENT FOR TRAVEL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**3471.84**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Boston Marriott Newton	Transaction ID: 71210.E10047 Date of Disbursement 12 / 03 / 2007
	Mailing Address 2345 Commonwealth Ave.	Amount of Each Disbursement this Period 94.50
	City Newton State MA Zip Code 02466-	
	Purpose of Disbursement Event-State committee meeting	Category/ Type EVENT-STATE COMMITTEE MEE- TING
	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) Merchants Bankcard	Transaction ID: 80115.E10076 Date of Disbursement 12 / 01 / 2007
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 25.30
	City Boston State MA Zip Code 02110-	
	Purpose of Disbursement Credit card Fee	Category/ Type CREDIT CARD 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) ▼

C.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 80115.E10075 Date of Disbursement 12 / 01 / 2007
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 77.46
	City Boston State MA Zip Code 02110-	
	Purpose of Disbursement Credit Card Fee	Category/ Type CREIDT CARD 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) ▼

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

197.26

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 80115.E10077 Date of Disbursement 12 / 02 / 2007
	Mailing Address: Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 0.49
	City: Boston State: MA Zip Code: 02110-	
	Purpose of Disbursement: Credit card Fee	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) ▼	CREDIT CARD FEE
	State: District:	

B.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 80122.E10134 Date of Disbursement 12 / 03 / 2007
	Mailing Address: Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 75.19
	City: Boston State: MA Zip Code: 02110-	
	Purpose of Disbursement: Credit card Fee	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) ▼	CREDIT CARD FEE
	State: District:	

C.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 80122.E10135 Date of Disbursement 12 / 03 / 2007
	Mailing Address: Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 25.00
	City: Boston State: MA Zip Code: 02110-	
	Purpose of Disbursement: Credit Card Fee	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) ▼	CREDIT CARD FEE
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	100.68
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 40

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Bank Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80115.E10078 Date of Disbursement 12 / 01 / 2007
	Amount of Each Disbursement this Period 25.00 Category/Type BANK CHARGE

<b>B.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Services 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: 71210.E10041 Date of Disbursement 12 / 10 / 2007
	Amount of Each Disbursement this Period 126.64 Category/Type PAYROLL SERVICES

<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll-401K 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: 80115.E10061 Date of Disbursement 12 / 13 / 2007
	Amount of Each Disbursement this Period 961.54 Category/Type PAYROLL-401K

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1113.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll-Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80115.E10060 Date of Disbursement 12 / 13 / 2007
	Amount of Each Disbursement this Period 1815.82
	Category/ Type PAYROLL-TAXES
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Services - 401 K Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Services - 401 K Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71210.E10042 Date of Disbursement 12 / 14 / 2007
	Amount of Each Disbursement this Period 155.00
	Category/ Type PAYROLL SERVICES - 401 K
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll - Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll - Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80115.E10092 Date of Disbursement 12 / 27 / 2007
	Amount of Each Disbursement this Period 1815.82
	Category/ Type PAYROLL - TAXES
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll - Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3786.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll- 401 K Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80115.E10093 Date of Disbursement 12 / 27 / 2007
	Amount of Each Disbursement this Period 961.54
	Category/Type PAYROLL- 401 K
	Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement Bottle Water 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) ▼
Amount of Each Disbursement this Period 77.07	Category/Type BOTTLE WATER
<b>C.</b> Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement Bottle water 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: 80115.E10066 Date of Disbursement 12 / 10 / 2007
Amount of Each Disbursement this Period 28.64	Category/Type BOTTLE WATER

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

1067.25

**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><b>A.</b> Full Name (Last, First, Middle Initial) Jodys Quik Print</p> <p>Mailing Address P.O. Box 1068</p> <p>City Middleton State MA Zip Code 01949-</p> <p>Purpose of Disbursement Invitations for party related fundraiser and party envelopes/letterhead - non-FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80115.E10064 <b>Date of Disbursement</b> 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 2229.05</p> <p>INVITATIONS FOR PARTY RELATED FUNDRAISER AND PARTY ENVELOPES/LETTERHEAD - NON-FEA</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hudson Portuguese Cl Riverview</p> <p>Mailing Address 13 Port St.</p> <p>City Hudson State MA Zip Code 01749-</p> <p>Purpose of Disbursement Holiday Party catering cost - party related non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71210.E10050 <b>Date of Disbursement</b> 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 1569.80</p> <p>HOLIDAY PARTY CATERING COST - PARTY RELATED NON FEA</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hudson Portuguese Cl Riverview</p> <p>Mailing Address 13 Port St.</p> <p>City Hudson State MA Zip Code 01749-</p> <p>Purpose of Disbursement Holiday Party catering balance - party related- non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80115.E10071 <b>Date of Disbursement</b> 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 63.72</p> <p>HOLIDAY PARTY CATERING BALANCE - PARTY RELATED- NON FEA</p>

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

3862.57

**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, Inc.	Transaction ID: 71210.E10048 Date of Disbursement 12 / 03 / 2007
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 139.06
	City Des Moines	State IA
	Zip Code 50368-9020	Category/ Type
	Purpose of Disbursement Office Supplies	OFFICE SUPPLIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) T-Mobile T-Mobile	Transaction ID: 80115.E10067 Date of Disbursement 12 / 10 / 2007
	Mailing Address PO Box 790047	Amount of Each Disbursement this Period 157.74
	City Saint Louis	State MO
	Zip Code 63179-	Category/ Type
	Purpose of Disbursement Phone service	PHONE SERVICE
	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) Verizon	Transaction ID: 80115.E10088 Date of Disbursement 12 / 17 / 2007
	Mailing Address P.O. Box 1	Amount of Each Disbursement this Period 402.00
	City Worcester	State MA
	Zip Code 01654-	Category/ Type
	Purpose of Disbursement Phone	PHONE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>698.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 40

<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 Internet Services	Transaction ID: 71210.E10049
	Mailing Address PO Box 101096	Date of Disbursement 12 / 03 / 2007
	City Atlanta State GA Zip Code 30392-	Amount of Each Disbursement this Period 767.62
	Purpose of Disbursement Internet Services	Category/ Type  INTERNET SERVICES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Internet Services	Transaction ID: 80115.E10112
	Mailing Address PO Box 101096	Date of Disbursement 12 / 10 / 2007
	City Atlanta State GA Zip Code 30392-	Amount of Each Disbursement this Period 767.62
	Purpose of Disbursement Internet Services	Category/ Type  INTERNET SERVICES
	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) Robert Willington	Transaction ID: 80115.E10068
	Mailing Address 12 Arlington Street	Date of Disbursement 12 / 10 / 2007
	City Reading State MA Zip Code 01867-	Amount of Each Disbursement this Period 862.41
	Purpose of Disbursement Reimbursement: See Below	Category/ Type  REIMBURSEMENT: SEE BELOW
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2397.65</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 40

<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)

Robert Willington

Mailing Address 12 Arlington Street

City Reading State MA Zip Code 01867-

Purpose of Disbursement  
R. Willington Reimusement for personal car used

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80115.E10069

Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

742.80

**[MEMO ITEM]**

MEMO: R. WILLINGTON REIMU-  
SEMENT FOR PERSONAL CAR  
USED

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

0.00

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

21750.90

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bruce Harrison	Transaction ID: 80115.E10070 Date of Disbursement 12 / 10 / 2007
	Mailing Address 101 Elm St	Amount of Each Disbursement this Period 1000.00
	City Wakefield State MA Zip Code 01880-	
	Purpose of Disbursement Payroll-Administration 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) ▼
		PAYROLL-ADMINISTRATION

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 80115.E10057 Date of Disbursement 12 / 13 / 2007
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1232.51
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Payroll 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) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 80115.E10089 Date of Disbursement 12 / 27 / 2007
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1232.51
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Payroll 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) ▼
		PAYROLL

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

3465.02

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

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

A.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 80115.E10058 Date of Disbursement 12 / 13 / 2007
	Mailing Address 1 Stony Brook Road	Amount of Each Disbursement this Period 676.92
	City Chelmsford State MA Zip Code 01863-	
	Purpose of Disbursement Payroll	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) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 80115.E10090 Date of Disbursement 12 / 27 / 2007
	Mailing Address 1 Stony Brook Road	Amount of Each Disbursement this Period 676.92
	City Chelmsford State MA Zip Code 01863-	
	Purpose of Disbursement Payroll	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) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Robert Willington	Transaction ID: 80115.E10059 Date of Disbursement 12 / 13 / 2007
	Mailing Address 12 Arlington Street	Amount of Each Disbursement this Period 1399.58
	City Reading State MA Zip Code 01867-	
	Purpose of Disbursement Payroll	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) ▼
		PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2753.42
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 40

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

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

A.	Full Name (Last, First, Middle Initial) Robert Willington			Transaction ID: 80115.E10091	
	Mailing Address 12 Arlington Street			Date of Disbursement 12 / 27 / 2007	
	City Reading	State MA	Zip Code 01867-	Amount of Each Disbursement this Period 1399.58	
	Purpose of Disbursement Payroll		Category/ Type	PAYROLL	
	Candidate Name				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
	State:	District:			

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

1399.58

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

7618.02

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 33 / 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="9891.83"/>	<b>Transaction ID:</b> LS90508.E11236	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9891.83"/>

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

Outstanding Balance Beginning This Period <input type="text" value="5311.00"/>	<b>Transaction ID:</b> LS90508.E11245	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5311.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="9980.45"/>	<b>Transaction ID:</b> LS90508.E11247	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9980.45"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="25183.28"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 3814.75	<b>Transaction ID:</b> LS90513.E11249	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3814.75

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

Outstanding Balance Beginning This Period 3909.25	<b>Transaction ID:</b> LS90513.E11248	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3909.25

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

Outstanding Balance Beginning This Period 15.37	<b>Transaction ID:</b> LS90513.E11251	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.37

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>7739.37</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 9351.63	<b>Transaction ID:</b> LS90508.E11237	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9351.63

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

Outstanding Balance Beginning This Period 250.00	<b>Transaction ID:</b> LS90513.E11275	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

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

Outstanding Balance Beginning This Period 1250.00	<b>Transaction ID:</b> LS90513.E11276	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>10851.63</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 1250.00	<b>Transaction ID:</b> LS90513.E11277	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ENIlsson ENIlsson	Nature of Debt (Purpose): Original debt for IT support party related non fea
Mailing Address 6 Depot Street	
City Westford State MA ZIP Code 01886-	

Outstanding Balance Beginning This Period 1252.00	<b>Transaction ID:</b> LS90513.E11301	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1252.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ENIlsson ENIlsson	Nature of Debt (Purpose): Original debt for IT support party related non fea
Mailing Address 6 Depot Street	
City Westford State MA ZIP Code 01886-	

Outstanding Balance Beginning This Period 360.00	<b>Transaction ID:</b> LS90513.E11302	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 360.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	2862.00
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ENLisson ENIlsson			Nature of Debt (Purpose): Original debt for IT support party related non fea
Mailing Address 6 Depot Street			
City	State	ZIP Code	
Westford	MA	01886-	

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11303	
411.94			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	411.94	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Garage Government Center			Nature of Debt (Purpose): Original debt for parking party related non fea
Mailing Address 50 New Sudbury Street			
City	State	ZIP Code	
Boston	MA	02114-	

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11296	
640.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	640.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Garage Government Center			Nature of Debt (Purpose): Original debt for parking party related non fea
Mailing Address 50 New Sudbury Street			
City	State	ZIP Code	
Boston	MA	02114-	

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11295	
640.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	640.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	1691.94
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Garage Government Center			Nature of Debt (Purpose): Original debt for parking party related non fea
Mailing Address 50 New Sudbury Street			
City	State	ZIP Code	
Boston	MA	02114-	

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11300	
640.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	640.00	

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

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11288	
696.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	696.00	

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

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11289	
1652.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1652.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	2988.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 39 / 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="1652.00"/>	<b>Transaction ID:</b> LS90513.E11290	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1652.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1652.00"/>	<b>Transaction ID:</b> LS90513.E11291	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1652.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="1636.00"/>	<b>Transaction ID:</b> LS90513.E11294	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1636.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4940.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 40 / 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="1636.00"/>	<b>Transaction ID:</b> LS90513.E11292	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1636.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="15000.00"/>	<b>Transaction ID:</b> LS90508.E11226	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="16636.00"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="72892.22"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="72892.22"/>