

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 85 Merrimac St.
Suite 400
 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 11 02 2010 in the State of _____

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Brent Anderson

Signature of Treasurer Electronically Filed by Brent Anderson Date 12 30 1899

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 | 0 |

| | |
|---|---|
| D | D |
| 1 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | X | Y | Y | Y | 2 | 0 | 1 | 0 | | 77412.05 |
| X | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 446339.71 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 405575.00 | 3409316.25 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 851914.71 | 3486728.30 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 584454.47 | 3219268.06 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 267460.24 | 267460.24 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 5660.20 | | | | | | | | | |

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 | 0 |

| | |
|---|---|
| D | D |
| 1 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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) | 372125.00 | 2269496.50 |
| (ii) Unitemized | 450.00 | 107018.38 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 372575.00 | 2376514.88 |
| (b) Political Party Committees | 0.00 | 55.00 |
| (c) Other Political Committees (such as PACs) | 33000.00 | 83922.37 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 405575.00 | 2460492.25 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 948824.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 405575.00 | 3409316.25 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 405575.00 | 3409316.25 |

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 398004.47 | 1327392.75 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 398004.47 | 1327392.75 |
| 22. Transfers to Affiliated/Other Party Committees..... | 89450.00 | 605950.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 677026.52 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 97000.00 | 608898.79 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 97000.00 | 608898.79 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 584454.47 | 3219268.06 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 584454.47 | 3219268.06 |

| 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) | 405575.00 | 2460492.25 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 405575.00 | 2460492.25 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 398004.47 | 1327392.75 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 398004.47 | 1327392.75 |

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 75 |
| | <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) Pac Alvarez and Marsal | Date of Receipt MM / DD / YYYY 10 / 28 / 2010 |
| | Mailing Address 2001 K Street, NW | Transaction ID: 01111.C187121 |
| | City State Zip Code Washington DC 20006 | Amount of Each Receipt this Period 2500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Gordon Asack | Date of Receipt MM / DD / YYYY 10 / 25 / 2010 |
| | Mailing Address 400 Plain St | Transaction ID: 01111.C186888 |
| | City State Zip Code Brockton MA 02302 | Amount of Each Receipt this Period 2500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Best Effort Sent Occupation Best Effort Sent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) James Bailey | Date of Receipt MM / DD / YYYY 11 / 01 / 2010 |
| | Mailing Address 100 Summer St. | Transaction ID: 01111.C187187 |
| | City State Zip Code Boston MA 02110 | Amount of Each Receipt this Period 15000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Best Effort Sent Occupation Best Effort Sent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 15000.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 20000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 75

(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)

Jeffrey Barber

Mailing Address 381 Beacon St

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
TA Associates Finance

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01111.C187157

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Thomas Barker

Mailing Address 437 Marlborough Street, #11

City State Zip Code
Boston MA 02115

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

Name of Employer Occupation
Attorney Foley Hoag

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

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

Transaction ID: 01202.C187246

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Daniel Bathon

Mailing Address 23 Slocum Road

City State Zip Code
Lexington MA 02421

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

Name of Employer Occupation
Windspeed Ventures Chairman

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: 01016.C186615

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

8250.00

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 / 75
(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)
Thomas Black

Mailing Address 43 Jeffrey Road

City State Zip Code
Wayland MA 01778

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
MM / DD / YYYY
11 / 20 / 2010

Transaction ID: 01202.C187253

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
John Brock

Mailing Address 25 Windy Ridge Pkwy

City State Zip Code
Atlanta GA 30339

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

Name of Employer Coca Cola Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 20000.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: 01111.C186731

Amount of Each Receipt this Period
10000.00

C.

Full Name (Last, First, Middle Initial)
Mary Brock

Mailing Address 781 Crandon BLVD Apt 604

City State Zip Code
Key Biscayne FL 33149

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

Name of Employer Housewife Occupation Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: 01111.C186703

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► 20250.00

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 / 75
(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)
Edward Choate

Mailing Address 27 Candleberry Ln

City State Zip Code
Weston MA 02493

FEC ID number of contributing federal political committee. C

Name of Employer Choate & Associates Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2010

Transaction ID: 01111.C186885

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)
Mary Ann Choate

Mailing Address 27 Candleberry Ln

City State Zip Code
Weston MA 02493

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 ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2010

Transaction ID: 01111.C186853

Amount of Each Receipt this Period
7500.00

C.

Full Name (Last, First, Middle Initial)
Elizabeth Christensen

Mailing Address 74 Regent St

City State Zip Code
Cambridge MA 02140

FEC ID number of contributing federal political committee. C

Name of Employer Homemaker Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 25 / 2010

Transaction ID: 01111.C186916

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) 25000.00

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 / 75
(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)
Patricia Conrades
 Mailing Address 344 Beacon Street
 City Boston State MA Zip Code 02116
 Date of Receipt 10 / 28 / 2010
Transaction ID: 01111.C187090
 Amount of Each Receipt this Period 3500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Homemaker Occupation Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 10000.00

B. Full Name (Last, First, Middle Initial)
Nancy Crate
 Mailing Address 820 Hale Street
 City Beverly State MA Zip Code 01915
 Date of Receipt 10 / 27 / 2010
Transaction ID: 01111.C187081
 Amount of Each Receipt this Period 10000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Homemaker Occupation Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 10000.00

C. Full Name (Last, First, Middle Initial)
Thomas Cunningham
 Mailing Address 6920 Blaisdell Rd
 City Bethesda State MD Zip Code 20817
 Date of Receipt 10 / 25 / 2010
Transaction ID: 01111.C186900
 Amount of Each Receipt this Period 10000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Nauticon Imaging Solutions Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 5000.00

SUBTOTAL of Receipts This Page (optional) ▶ 23500.00
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 / 75
(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)
Randi Cutler

Mailing Address 220 Boylston St

City State Zip Code
Boston MA 02116

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

Name of Employer Best Effort Sent Occupation Best Effort Sent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2010

Transaction ID: 01111.C186883

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Paul Dacier

Mailing Address 92 Woodland Street

City State Zip Code
Sherborn MA 01770

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 ▼ 10000.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: 01111.C186724

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
John Dalton

Mailing Address 32 Whaler Ln

City State Zip Code
Quincy MA 02171

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

Name of Employer Best Effort Sent Occupation Best Effort Sent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2010

Transaction ID: 01111.C186865

Amount of Each Receipt this Period
500.00

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: (check only one) | PAGE 12 / 75 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | | |
|--|---|----------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) John Dalton | | Date of Receipt MM / DD / YYYY 10 / 23 / 2010 | | |
| | Mailing Address 1157 Hancock St. | | Transaction ID: 01111.C186866 | | |
| | City Quincy | State MA | Zip Code 02169 | Amount of Each Receipt this Period 5000.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Name of Employer Information Requested | | Occupation Information Requested | | Aggregate Year-to-Date ▼ 10000.00 | |

| | | | | | |
|--|---|--|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Steven Dodge | | Date of Receipt MM / DD / YYYY 10 / 25 / 2010 | | |
| | Mailing Address 239 Summer St. | | Transaction ID: 01111.C186892 | | |
| | City Manchester | State MA | Zip Code 01944 | Amount of Each Receipt this Period 5000.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Name of Employer Windover Development LLC | | Occupation Real Estate/Construction | | Aggregate Year-to-Date ▼ 10000.00 | |

| | | | | | |
|------------------------------------|---|-------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Antonio Frias | | Date of Receipt MM / DD / YYYY 10 / 25 / 2010 | | |
| | Mailing Address 20 Cedar Street | | Transaction ID: 01111.C186897 | | |
| | City Hudson | State MA | Zip Code 01749 | Amount of Each Receipt this Period 15000.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Name of Employer S & F Concrete | | Occupation Owner/CEO | | Aggregate Year-to-Date ▼ 10000.00 | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 25000.00 |
| 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 / 75
(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)
Jerold Gnazzo

Mailing Address 169 Commonwealth Ave

City State Zip Code
Boston MA 02116

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 ▼ 1000.00

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

Transaction ID: 01111.C187112

Amount of Each Receipt this Period
1000.00

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

Mailing Address 27 Silver Hill Rd

City State Zip Code
Weston MA 02493

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 ▼ 5000.00

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

Transaction ID: 01111.C186819

Amount of Each Receipt this Period
5000.00

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

Mailing Address 27 Silver Hill Rd

City State Zip Code
Weston MA 02493

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 ▼ 15000.00

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

Transaction ID: 01111.C187122

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► 16000.00

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 / 75
(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)
James Hearty

Mailing Address PO Box 2217

City State Zip Code
Del Mar CA 92014

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

Name of Employer Clough Capital Occupation Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: 01111.C186818

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Henry Helgeson

Mailing Address 17 Rutland Square

City State Zip Code
Boston MA 02118

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

Name of Employer Merchant Warehouse Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2010

Transaction ID: 01111.C187078

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Richard Henken

Mailing Address 3 Partridge Hill Rd

City State Zip Code
Dover MA 02030

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

Name of Employer schochet Associates Occupation real estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2010

Transaction ID: 01111.C186789

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► 16000.00

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 / 75
(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 Herro

Mailing Address 65 E Goethe

City State Zip Code
Chicago IL 60610

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

Name of Employer Occupation
HALP Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

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

Transaction ID: 01016.C186599

Amount of Each Receipt this Period
7500.00

B.

Full Name (Last, First, Middle Initial)
Regina Herzlinger

Mailing Address 560 Concord Ave

City State Zip Code
Belmont MA 02478

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

Name of Employer Occupation
Harvard Business School Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

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

Transaction ID: 01016.C186587

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 12 Brimmer St.

City State Zip Code
Boston MA 02108

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

Name of Employer Occupation
S.B. Jeffries Consultants President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2187.00

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

Transaction ID: 01202.C187251

Amount of Each Receipt this Period
1875.00

SUBTOTAL of Receipts This Page (optional) ► **9875.00**

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 / 75

(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)
Darlene Jordan

Mailing Address 203 South Lake Trail

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
Helman Jordan Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

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

Transaction ID: 01016.C186608

Amount of Each Receipt this Period
15000.00

B.

Full Name (Last, First, Middle Initial)
John Kaneb

Mailing Address 34 Masconomo St

City State Zip Code
Manchester MA 01944

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

Name of Employer Occupation
Gulf Oil/HP Hood CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

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

Transaction ID: 01111.C186793

Amount of Each Receipt this Period
15000.00

C.

Full Name (Last, First, Middle Initial)
Jonathan Kutchins

Mailing Address 28 Exeter St
#703

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
Exeter Group Consultant

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

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

Transaction ID: 01111.C186796

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ▶

40000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 75
(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)
Scott Lemay

Mailing Address 94 Fox Run Rd

City State Zip Code
Bolton MA 01740

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Self employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 25 / 2010

Transaction ID: 01111.C186891

Amount of Each Receipt this Period 5000.00

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

Mailing Address 84 High St.
Apt. 204

City State Zip Code
Medford MA 02155

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 29 / 2010

Transaction ID: 01111.C187141

Amount of Each Receipt this Period 1000.00

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

Mailing Address 37 Powderhouse Rd Ext

City State Zip Code
Medford MA 02155

FEC ID number of contributing federal political committee. C

Name of Employer Mabbett and Associates Occupation Environmental Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 25 / 2010

Transaction ID: 01111.C186915

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) 11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 75
(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)
Linda McLane

Mailing Address 77 Dean Road

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

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

Transaction ID: 01111.C187155

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
Paul Moore

Mailing Address 51 Baker Place

City State Zip Code
Newton MA 02462

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

Name of Employer Occupation
Dwane Moris Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

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

Transaction ID: 01111.C186690

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Paul Moore

Mailing Address 51 Baker Place

City State Zip Code
Newton MA 02462

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

Name of Employer Occupation
Dwane Moris Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01111.C186926

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 75
(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 Munsell

Mailing Address 2119 Windsong Circle

City State Zip Code
Wayzata MN 55391

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

Name of Employer Occupation
United Health Group Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 01111.C186695

Amount of Each Receipt this Period
10000.00

B.

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

Mailing Address 10 Powisset St.

City State Zip Code
Dover MA 02030

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01111.C186950

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Paul Noble

Mailing Address 110 Black Rock Drive

City State Zip Code
Hingham MA 02043

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 ▼ 6000.00

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

Transaction ID: 01111.C187099

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 12000.00

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 75 |
| | <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) Dawn Nordblom | Date of Receipt MM / DD / YYYY 10 / 25 / 2010 |
| | Mailing Address 200 Barnes Hill Road | Transaction ID: 01111.C186904 |
| | City State Zip Code Concord MA 01742 | Amount of Each Receipt this Period 5000.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer None | Occupation Homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Pamela Norley | Date of Receipt MM / DD / YYYY 10 / 18 / 2010 |
| | Mailing Address 7 Edgehill Road | Transaction ID: 01111.C186771 |
| | City State Zip Code Hopkinton MA 01784 | Amount of Each Receipt this Period 2500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Fidelity Investments | Occupation Executive Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Pamela Norley | Date of Receipt MM / DD / YYYY 10 / 21 / 2010 |
| | Mailing Address 7 Edgehill Road | Transaction ID: 01111.C186799 |
| | City State Zip Code Hopkinton MA 01784 | Amount of Each Receipt this Period 2500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Fidelity Investments | Occupation Executive Vice President | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 10000.00 |
| 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 21 / 75
(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)
Abiomed Inc. Pac

Mailing Address 22 Cherry Hill Drive

City Danvers State MA Zip Code 01923

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 ▼ 10000.00

Date of Receipt M M / D D / Y Y Y Y
10 / 22 / 2010

Transaction ID: 01111.C186814

Amount of Each Receipt this Period 5000.00

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

Mailing Address PO Box 9190

City Saint Paul State MN Zip Code 55109

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 M M / D D / Y Y Y Y
10 / 21 / 2010

Transaction ID: 01111.C186781

Amount of Each Receipt this Period 2500.00

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

Mailing Address PO Box 1186

City Jackson State MS Zip Code 39215

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 ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
11 / 17 / 2010

Transaction ID: 01130.C187243

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 8500.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 75 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | |
|---|---|--------------------------------|--|--------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Kimberly Pallotta | | Date of Receipt | |
| | Mailing Address 180 Ash St | | M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0 | |
| | City | State | Zip Code | Transaction ID: 01111.C186835 |
| | Weston | MA | 02493 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 10000.00 | |
| Name of Employer Raptor Capital Management | | Occupation Investment Mgmt. | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 10000.00 | | |

| | | | | |
|---|---|-------------------------------------|--|--------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Anastasios Parafestas | | Date of Receipt | |
| | Mailing Address 29 Westwood Dr. | | M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 1 0 | |
| | City | State | Zip Code | Transaction ID: 01111.C186813 |
| | Worcester | MA | 01609 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 4500.00 | |
| Name of Employer The Bollard Group | | Occupation Information Requested | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 10000.00 | | |

| | | | | |
|---|---|--------------------------|--|--------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Michael Pascucci | | Date of Receipt | |
| | Mailing Address 454 Grove St | | M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 1 0 | |
| | City | State | Zip Code | Transaction ID: 01111.C186790 |
| | Needham | MA | 02492 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 10000.00 | |
| Name of Employer Rose Grove Capital | | Occupation Management | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 5000.00 | | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 24500.00 |
| 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 23 / 75

(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 Pietro

Mailing Address 9 Wintergreen Lane

City State Zip Code
Sandwich MA 02563

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

Name of Employer Occupation
DGP Miles Insurance

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 10000.00

Date of Receipt

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

Transaction ID: 01111.C186890

Amount of Each Receipt this Period

5000.00

B.

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

Mailing Address 44 Green Hill Rd.

City State Zip Code
Brookline MA 02445

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

Name of Employer Occupation
Harvard Business School Professor

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: 01111.C187183

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
Benjamin Rajotte

Mailing Address 182 Beths Ave.

City State Zip Code
Bristol CT 06010

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 01111.C186753

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

7750.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 75 |
| | <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) Larry Renfro | | Date of Receipt MM / DD / YYYY 10 / 22 / 2010 | | |
| | Mailing Address 5 Dove Ln | | Transaction ID: 01111.C186826 | | |
| | City Andover | State MA | Zip Code 01810 | Amount of Each Receipt this Period 10000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Best Effort Sent | | Occupation Best Effort Sent | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 10000.00 | | | |

| | | | | | |
|---|---|--------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Laura Reynolds | | Date of Receipt MM / DD / YYYY 10 / 26 / 2010 | | |
| | Mailing Address 153 Garfield Road | | Transaction ID: 01111.C186975 | | |
| | City Concord | State MA | Zip Code 01742 | Amount of Each Receipt this Period 5000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Information Requested | | Occupation Housewife | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 10000.00 | | | |

| | | | | | |
|---|---|--------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Edgar Rios | | Date of Receipt MM / DD / YYYY 10 / 20 / 2010 | | |
| | Mailing Address 1650 Tysons Blvd. | | Transaction ID: 01111.C186767 | | |
| | City Mc Lean | State VA | Zip Code 22102 | Amount of Each Receipt this Period 10000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Information Requested | | Occupation Information Requested | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 10000.00 | | | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 25000.00 |
| 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 25 / 75
(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)
Richard Russell

Mailing Address 8 Pegan Lane

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 ▼ 2000.00

Date of Receipt 11 / 17 / 2010
Transaction ID: 01130.C187242
Amount of Each Receipt this Period 2000.00

B.

Full Name (Last, First, Middle Initial)
Kambiz Shahbazi

Mailing Address 425 East 58th Street, Apartment 4E

City State Zip Code
New York NY 10022

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

Name of Employer Unknown Occupation real estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 22 / 2010
Transaction ID: 01111.C186837
Amount of Each Receipt this Period 10000.00

C.

Full Name (Last, First, Middle Initial)
Ronald Skates

Mailing Address 4 Boardman Avenue

City State Zip Code
Manchester MA 01944

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

Name of Employer Self-Employed Occupation investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4500.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 01111.C186924
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 13000.00

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 26 / 75

(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)
Arthur Winn

Mailing Address 6 Fanueil Hall Marketplace

City State Zip Code
Boston MA 02109

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

Name of Employer Occupation
Winn Management President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01111.C187223

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Claudia Wu

Mailing Address 25 Sewall St

City State Zip Code
Newton MA 02465

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

Name of Employer Occupation
Information Requested Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID: 01111.C186856

Amount of Each Receipt this Period

15000.00

C.

Full Name (Last, First, Middle Initial)
Steven Wymer

Mailing Address 19 Marlboro St.

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
Fidelity Investments VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
15000.00

Date of Receipt

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

Transaction ID: 01111.C187177

Amount of Each Receipt this Period

15000.00

SUBTOTAL of Receipts This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

372125.00

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

| | | |
|---|------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 27 / 75 |
| | (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. | Full Name (Last, First, Middle Initial) Republican National Committee | | Date of Receipt |
| | Mailing Address 310 First Street SE | | <input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Washington | DC | 20003 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 01202.C187245 |
| Name of Employer Political Committee | | Occupation | Amount of Each Receipt this Period |
| Receipt For: | | FEC ID: C00003418 | <input type="text" value="28000.00"/> |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text" value="28000.00"/> | |

| | | | |
|---|---|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) James Devita, R. Ph. | | Date of Receipt |
| | Mailing Address CVS Corporation- Regulatory Compli One CVS Drive | | <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Woonsocket | RI | 02895 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 01111.C186868 |
| Name of Employer PAC | | Occupation | Amount of Each Receipt this Period |
| Receipt For: | | PAC | <input type="text" value="5000.00"/> |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text" value="5000.00"/> | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="33000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="33000.00"/> |

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Pierce Tria | Transaction ID: 01202.E12622 |
| | Mailing Address 210 Brooks Ben | Date of Disbursement 10 / 14 / 2010 |
| | City Princeton State NJ Zip Code 08540 | Amount of Each Disbursement this Period 1082.54 |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Pierce Tria | Transaction ID: 01202.E12665 |
| | Mailing Address 210 Brooks Ben | Date of Disbursement 10 / 28 / 2010 |
| | City Princeton State NJ Zip Code 08540 | Amount of Each Disbursement this Period 1082.55 |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Pierce Tria | Transaction ID: 01202.E12693 |
| | Mailing Address 210 Brooks Ben | Date of Disbursement 11 / 10 / 2010 |
| | City Princeton State NJ Zip Code 08540 | Amount of Each Disbursement this Period 1082.55 |
| | 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) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3247.64 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) John Brock</p> <p>Mailing Address 25 Windy Ridge Pkwy</p> <p>City Atlanta State GA Zip Code 30339</p> <p>Purpose of Disbursement REIMBURSEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01202.E12650</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6500.00"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) Tim Buckley</p> <p>Mailing Address 55 W Broadway #8</p> <p>City Boston State MA Zip Code 02127</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01202.E12613</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1002.13"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) Tim Buckley</p> <p>Mailing Address 55 W Broadway #8</p> <p>City Boston State MA Zip Code 02127</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01202.E12656</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1002.14"/></p> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="8504.27"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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) Tim Buckley | Transaction ID: 01202.E12684 Date of Disbursement 11 / 10 / 2010 |
| | Mailing Address 55 W Broadway #8 | Amount of Each Disbursement this Period 1002.13 |
| | City Boston State MA Zip Code 02127 | |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Ryan Coleman | Transaction ID: 01202.E12614 Date of Disbursement 10 / 14 / 2010 |
| | Mailing Address 9 Stearms Street | Amount of Each Disbursement this Period 979.03 |
| | City Swampscott State MA Zip Code 01907 | |
| | Purpose of Disbursement REIMBURSEMENT | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Ryan Coleman | Transaction ID: 01202.E12657 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 9 Stearms Street | Amount of Each Disbursement this Period 979.04 |
| | City Swampscott State MA Zip Code 01907 | |
| | 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) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2960.20 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Ryan Coleman | Transaction ID: 01202.E12685 |
| | Mailing Address 9 Stearms Street | Date of Disbursement MM / DD / YYYY 11 / 10 / 2010 |
| | City Swampscott State MA Zip Code 01907 | Amount of Each Disbursement this Period 979.03 |
| | Purpose of Disbursement PAYROLL | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Curley Direct | Transaction ID: 01202.E12711 |
| | Mailing Address 15 Fruean Ave | Date of Disbursement MM / DD / YYYY 10 / 26 / 2010 |
| | City Yarmouth State MA Zip Code 02664 | Amount of Each Disbursement this Period 29091.47 |
| | Purpose of Disbursement MAILINGS | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Curley Direct | Transaction ID: 01202.E12712 |
| | Mailing Address 15 Fruean Ave | Date of Disbursement MM / DD / YYYY 10 / 26 / 2010 |
| | City Yarmouth State MA Zip Code 02664 | Amount of Each Disbursement this Period 29091.47 |
| | Purpose of Disbursement MAILINGS | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 59161.97 |
| 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 32 / 75

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Tarah Donoghue | Transaction ID: 01202.E12655 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 3 Main Street | Amount of Each Disbursement this Period 1538.71 |
| | City Dover State MA Zip Code 02030 | |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Tarah Donoghue | Transaction ID: 01202.E12683 Date of Disbursement 11 / 10 / 2010 |
| | Mailing Address 3 Main Street | Amount of Each Disbursement this Period 1538.70 |
| | City Dover State MA Zip Code 02030 | |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Tara Esfahanian | Transaction ID: 01202.E12643 Date of Disbursement 10 / 22 / 2010 |
| | Mailing Address 177 Upham St. | Amount of Each Disbursement this Period 4987.44 |
| | City Melrose State MA Zip Code 02176 | |
| | Purpose of Disbursement CONSULTING FEE | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 8064.85 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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) Tara Esfahanian | Transaction ID: 01202.E12644 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 177 Upham St. | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 2 | 2 | / | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Melrose State MA Zip Code 02176 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement CONSULTING FEE | <table border="1"><tr><td>2500.00</td></tr></table> | 2500.00 | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | | | | | | | | | | | | | | | | | | |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

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|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Tara Esfahanian | Transaction ID: 01202.E12701 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 177 Upham St. | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 1 | / | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | / | 1 | 1 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Melrose State MA Zip Code 02176 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement CONSULTING FEE | <table border="1"><tr><td>4000.00</td></tr></table> | 4000.00 | | | | | | | | | | | | | | | | | | |
| 4000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | | | | | | | | | | | | | | | | | | |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

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|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Anthony Ferrucci | Transaction ID: 01202.E12615 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 62 Dwight St. Apt. #1 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 1 | 4 | / | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | / | 1 | 4 | / | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Brookline State MA Zip Code 02446 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement PAYROLL | <table border="1"><tr><td>630.70</td></tr></table> | 630.70 | | | | | | | | | | | | | | | | | | |
| 630.70 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | | | | | | | | | | | | | | | | | | |
| | State: District: | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ▶

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|---------|
| 7130.70 |
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TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 75

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Anthony Ferrucci | Transaction ID: 01202.E12658 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 62 Dwight St. Apt. #1 | Amount of Each Disbursement this Period 630.69 |
| | City Brookline State MA Zip Code 02446 | |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Anthony Ferrucci | Transaction ID: 01202.E12678 Date of Disbursement 11 / 08 / 2010 |
| | Mailing Address 62 Dwight St. Apt. #1 | Amount of Each Disbursement this Period 178.10 |
| | City Brookline State MA Zip Code 02446 | |
| | Purpose of Disbursement REIMBURSEMENT Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Anthony Ferrucci | Transaction ID: 01202.E12686 Date of Disbursement 11 / 10 / 2010 |
| | Mailing Address 62 Dwight St. Apt. #1 | Amount of Each Disbursement this Period 630.70 |
| | City Brookline State MA Zip Code 02446 | |
| | 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1439.49 |
| 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) Kaitlyn Greeley | Transaction ID: 01202.E12616 |
| | Mailing Address 34 Fresno St. | Date of Disbursement 10 / 14 / 2010 |
| | City Boston State MA Zip Code 02131 | Amount of Each Disbursement this Period 960.33 |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Kaitlyn Greeley | Transaction ID: 01202.E12659 |
| | Mailing Address 34 Fresno St. | Date of Disbursement 10 / 28 / 2010 |
| | City Boston State MA Zip Code 02131 | Amount of Each Disbursement this Period 960.33 |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Kaitlyn Greeley | Transaction ID: 01202.E12677 |
| | Mailing Address 34 Fresno St. | Date of Disbursement 11 / 08 / 2010 |
| | City Boston State MA Zip Code 02131 | Amount of Each Disbursement this Period 382.73 |
| | Purpose of Disbursement REIMBURSEMENT | 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 2303.39 |
| 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) Kaitlyn Greeley | Transaction ID: 01202.E12687 Date of Disbursement 11 / 10 / 2010 |
| | Mailing Address 34 Fresno St. | |
| | City Boston State MA Zip Code 02131 | Amount of Each Disbursement this Period 960.33 |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Kirsten Hughes | Transaction ID: 01202.E12617 Date of Disbursement 10 / 14 / 2010 |
| | Mailing Address 72 Davis Street | |
| | City Quincy State MA Zip Code 02170 | Amount of Each Disbursement this Period 1015.53 |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Kirsten Hughes | Transaction ID: 01202.E12660 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 72 Davis Street | |
| | City Quincy State MA Zip Code 02170 | Amount of Each Disbursement this Period 1013.21 |
| | 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 2989.07 |
| 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) Kirsten Hughes | Transaction ID: 01202.E12688 Date of Disbursement 11 / 10 / 2010 |
| | Mailing Address 72 Davis Street | Amount of Each Disbursement this Period 1013.22 |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Amy Kelly | Transaction ID: 01202.E12681 Date of Disbursement 11 / 08 / 2010 |
| | Mailing Address 157 Rice Road | Amount of Each Disbursement this Period 500.00 |
| | City Quincy State MA Zip Code 02170 | |
| | Purpose of Disbursement PHOTOGRAPHY | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Nick Lehr | Transaction ID: 01202.E12618 Date of Disbursement 10 / 14 / 2010 |
| | Mailing Address 38 Saunders Rd. | Amount of Each Disbursement this Period 1002.13 |
| | City Boston State MA Zip Code 02134 | |
| | 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) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2515.35 |
| 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) Nick Lehr | Transaction ID: 01202.E12661 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 38 Saunders Rd. | Amount of Each Disbursement this Period 1002.14 |
| | City Boston State MA Zip Code 02134 | |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Nick Lehr | Transaction ID: 01202.E12689 Date of Disbursement 11 / 10 / 2010 |
| | Mailing Address 38 Saunders Rd. | Amount of Each Disbursement this Period 1002.13 |
| | City Boston State MA Zip Code 02134 | |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Kristen Lepore | Transaction ID: 01202.E12699 Date of Disbursement 11 / 11 / 2010 |
| | Mailing Address 47 Driscoll Street | Amount of Each Disbursement this Period 2500.00 |
| | City Peabody State MA Zip Code 01960 | |
| | Purpose of Disbursement CONSULTING FEE Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 4504.27 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Nathan Little | Transaction ID: 01202.E12619 |
| | Mailing Address 83 Congreeve | Date of Disbursement 10 / 14 / 2010 |
| | City Boston State MA Zip Code 02131 | Amount of Each Disbursement this Period 2145.65 |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Nathan Little | Transaction ID: 01202.E12662 |
| | Mailing Address 83 Congreeve | Date of Disbursement 10 / 28 / 2010 |
| | City Boston State MA Zip Code 02131 | Amount of Each Disbursement this Period 2145.66 |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Nathan Little | Transaction ID: 01202.E12680 |
| | Mailing Address 83 Congreeve | Date of Disbursement 11 / 08 / 2010 |
| | City Boston State MA Zip Code 02131 | Amount of Each Disbursement this Period 88.00 |
| | Purpose of Disbursement REIMBURSEMENT | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4379.31 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Nathan Little | Transaction ID: 01202.E12690 Date of Disbursement 11 / 10 / 2010 |
| | Mailing Address 83 Congreeve | Amount of Each Disbursement this Period 2145.65 |
| | City Boston State MA Zip Code 02131 | |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Melissa Lucas | Transaction ID: 01202.E12641 Date of Disbursement 10 / 22 / 2010 |
| | Mailing Address 22 Slayton Road | Amount of Each Disbursement this Period 2500.00 |
| | City Melrose State MA Zip Code 02176 | |
| | Purpose of Disbursement CONSULTANT FEE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Melissa Lucas | Transaction ID: 01202.E12642 Date of Disbursement 10 / 22 / 2010 |
| | Mailing Address 22 Slayton Road | Amount of Each Disbursement this Period 4241.00 |
| | City Melrose State MA Zip Code 02176 | |
| | Purpose of Disbursement CONSULTING FEE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 8886.65 |
| 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) Melissa Lucas | Transaction ID: 01202.E12700 |
| | Mailing Address 22 Slayton Road | Date of Disbursement 11 / 11 / 2010 |
| | City Melrose State MA Zip Code 02176 | Amount of Each Disbursement this Period 4121.00 |
| | Purpose of Disbursement CONSULTING FEE | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Magan Munson | Transaction ID: 01202.E12620 |
| | Mailing Address 209 bunker hill st Apt 1 | Date of Disbursement 10 / 14 / 2010 |
| | City Boston State MA Zip Code 02129 | Amount of Each Disbursement this Period 1140.96 |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Magan Munson | Transaction ID: 01202.E12630 |
| | Mailing Address 209 bunker hill st Apt 1 | Date of Disbursement 10 / 19 / 2010 |
| | City Boston State MA Zip Code 02129 | Amount of Each Disbursement this Period 75.99 |
| | Purpose of Disbursement REIMBURSEMENT | 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 5337.95 |
| 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) Magan Munson | Transaction ID: 01202.E12648 Date of Disbursement 10 / 26 / 2010 |
| | Mailing Address 209 bunker hill st Apt 1 | Amount of Each Disbursement this Period 261.17 |
| | City Boston State MA Zip Code 02129 | |
| | Purpose of Disbursement REIMBURSEMENT Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Magan Munson | Transaction ID: 01202.E12663 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 209 bunker hill st Apt 1 | Amount of Each Disbursement this Period 1136.58 |
| | City Boston State MA Zip Code 02129 | |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Magan Munson | Transaction ID: 01202.E12691 Date of Disbursement 11 / 10 / 2010 |
| | Mailing Address 209 bunker hill st Apt 1 | Amount of Each Disbursement this Period 1136.60 |
| | City Boston State MA Zip Code 02129 | |
| | 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) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2534.35 |
| 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) Magan Munson | Transaction ID: 01202.E12702 Date of Disbursement MM / DD / YYYY 11 / 11 / 2010 |
| | Mailing Address 209 bunker hill st Apt 1 | Amount of Each Disbursement this Period 54.20 |
| | City Boston State MA Zip Code 02129 | |
| | Purpose of Disbursement REIMBURSEMENT Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Jennifer Nassour | Transaction ID: 01202.E12676 Date of Disbursement MM / DD / YYYY 11 / 08 / 2010 |
| | Mailing Address 49 Chelsea St., Unit C1-307 | Amount of Each Disbursement this Period 480.45 |
| | City Boston State MA Zip Code 02129 | |
| | Purpose of Disbursement REIMBURSEMENT Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Tim O'Brien | Transaction ID: 01202.E12739 Date of Disbursement MM / DD / YYYY 11 / 11 / 2010 |
| | Mailing Address | Amount of Each Disbursement this Period 8653.85 |
| | City State Zip Code | |
| | 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) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 9188.50 |
| 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) Cambridge Offset Mailing Address City State Zip Code Purpose of Disbursement INVITATION PRINTING 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: 01202.E12729 Date of Disbursement 11 / 11 / 2010 |
| | Amount of Each Disbursement this Period 6747.00 |
| | Category/ Type |
| | Category/ Type |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Rp One Owner Mailing Address PO Box 845516 City State Zip Code Boston MA 02105 Purpose of Disbursement PARKING SPACE RENTAL 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: 01202.E12717 Date of Disbursement 10 / 29 / 2010 |
| | Amount of Each Disbursement this Period 9000.00 |
| | Category/ Type |
| | Category/ Type |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Peter Pan Mailing Address City State Zip Code Purpose of Disbursement TRANSPORTATION 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: 01202.E12731 Date of Disbursement 11 / 11 / 2010 |
| | Amount of Each Disbursement this Period 1025.00 |
| | Category/ Type |
| | Category/ Type |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 16772.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Peter Pan <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement TRANSPORTATION RENTAL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01202.E12740 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 2725.00 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Michael Rigas <hr/> Mailing Address 24 Concord Ave, Apt 415 <hr/> City State Zip Code Cambridge MA 02138 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01202.E12621 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1523.41 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Michael Rigas <hr/> Mailing Address 24 Concord Ave, Apt 415 <hr/> City State Zip Code Cambridge MA 02138 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01202.E12664 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1516.34 |
| | Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5764.75 |
| 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) Michael Rigas | Transaction ID: 01202.E12692 |
| | Mailing Address 24 Concord Ave, Apt 415 | Date of Disbursement MM / DD / YYYY 11 / 10 / 2010 |
| | City Cambridge State MA Zip Code 02138 | Amount of Each Disbursement this Period 151.62 |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) William Walker | Transaction ID: 01202.E12623 |
| | Mailing Address 24 Sidlaw Road Apt 3 | Date of Disbursement MM / DD / YYYY 10 / 14 / 2010 |
| | City Brighton State MA Zip Code 02135 | Amount of Each Disbursement this Period 1410.34 |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) William Walker | Transaction ID: 01202.E12666 |
| | Mailing Address 24 Sidlaw Road Apt 3 | Date of Disbursement MM / DD / YYYY 10 / 28 / 2010 |
| | City Brighton State MA Zip Code 02135 | Amount of Each Disbursement this Period 1410.35 |
| | 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2972.31 |
| 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) William Walker | Transaction ID: 01202.E12679 |
| | Mailing Address 24 Sidlaw Road Apt 3 | Date of Disbursement MM / DD / YYYY 11 / 08 / 2010 |
| | City Brighton State MA Zip Code 02135 | Amount of Each Disbursement this Period 644.03 |
| | Purpose of Disbursement REIMBURSEMENT | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) William Walker | Transaction ID: 01202.E12694 |
| | Mailing Address 24 Sidlaw Road Apt 3 | Date of Disbursement MM / DD / YYYY 11 / 10 / 2010 |
| | City Brighton State MA Zip Code 02135 | Amount of Each Disbursement this Period 1410.34 |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Matthew Wood | Transaction ID: 01202.E12624 |
| | Mailing Address 33D Westvale Meadows | Date of Disbursement MM / DD / YYYY 10 / 14 / 2010 |
| | City Concord State MA Zip Code 01742 | Amount of Each Disbursement this Period 949.02 |
| | 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) ▼ |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 3003.39 |
| 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 49 / 75

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Mike Yacobian | Transaction ID: 01202.E12668 |
| | Mailing Address 64 Wellesley St | Date of Disbursement 10 / 28 / 2010 |
| | City Weston State MA Zip Code 02493 | Amount of Each Disbursement this Period 979.04 |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Mike Yacobian | Transaction ID: 01202.E12696 |
| | Mailing Address 64 Wellesley St | Date of Disbursement 11 / 10 / 2010 |
| | City Weston State MA Zip Code 02493 | Amount of Each Disbursement this Period 979.03 |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Advantage Payroll Services | Transaction ID: 01202.E12626 |
| | Mailing Address 747 Main Street #222 | Date of Disbursement 10 / 14 / 2010 |
| | City Concord State MA Zip Code 01742 | Amount of Each Disbursement this Period 6909.79 |
| | Purpose of Disbursement PAYROLL FEE | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

8867.86

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) Advantage Payroll Services | Transaction ID: 01202.E12669 Date of Disbursement |
| | Mailing Address 747 Main Street #222 | <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2010"/> |
| | City Concord State MA Zip Code 01742 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement PAYROLL FEE | <input type="text" value="6907.10"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Advantage Payroll Services | Transaction ID: 01202.E12697 Date of Disbursement |
| | Mailing Address 747 Main Street #222 | <input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2010"/> |
| | City Concord State MA Zip Code 01742 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement PAYROLL | <input type="text" value="6908.32"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) American Express | Transaction ID: 01202.E12706 Date of Disbursement |
| | Mailing Address PO Box 1270 | <input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Newark State NJ Zip Code 07101 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CC | <input type="text" value="2788.06"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="16603.48"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Barrows Insurance</p> <p>Mailing Address 215 North Main Street</p> <p>City Mansfield State MA Zip Code 02048</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>Transaction ID: 01202.E12635</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 520.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts</p> <p>Mailing Address Landmark Center 401 Park Drive</p> <p>City Boston State MA Zip Code 02215</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>Transaction ID: 01202.E12675</p> <p>Date of Disbursement 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 10453.18</p> |
| <p>C. Full Name (Last, First, Middle Initial) Boston Balloon Events</p> <p>Mailing Address 25 Dry Dock Rd</p> <p>City Boston State MA Zip Code 02210</p> <p>Purpose of Disbursement BALLOONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 01202.E12722</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

14973.18

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Boston Balloon Events | Transaction ID: 01202.E12734 Date of Disbursement 11 / 11 / 2010 |
| | Mailing Address 25 Dry Dock Rd | Amount of Each Disbursement this Period 1471.88 |
| | City Boston State MA Zip Code 02210 | |
| | Purpose of Disbursement BALLOONS | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Boston Coach | Transaction ID: 01202.E12721 Date of Disbursement 10 / 30 / 2010 |
| | Mailing Address 70 Fargo St | Amount of Each Disbursement this Period 4624.43 |
| | City Boston State MA Zip Code 02210 | |
| | Purpose of Disbursement TRANSPORTATION RENTAL | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Boston Park Plaza | Transaction ID: 01202.E12653 Date of Disbursement 10 / 26 / 2010 |
| | Mailing Address 64 Arlington St. | Amount of Each Disbursement this Period 12111.50 |
| | City Boston State MA Zip Code 02116 | |
| | Purpose of Disbursement EVENT ROOM RENTAL FEE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 18207.81 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Bowditch & Dewey | Transaction ID: 01202.E12728 Date of Disbursement 11 / 08 / 2010 |
| | Mailing Address 310 Main St. | Amount of Each Disbursement this Period 6400.00 |
| | City Worcester State MA Zip Code 01615 | |
| | Purpose of Disbursement LEGAL EXPENSES | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Bowditch & Dewey | Transaction ID: 01202.E12742 Date of Disbursement 11 / 11 / 2010 |
| | Mailing Address 310 Main St. | Amount of Each Disbursement this Period 15400.00 |
| | City Worcester State MA Zip Code 01615 | |
| | Purpose of Disbursement LEGAL EXPENSES | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Byte Bulb | Transaction ID: 01202.E12704 Date of Disbursement 11 / 11 / 2010 |
| | Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD. | Amount of Each Disbursement this Period 30.00 |
| | City Hanover State MA Zip Code 02339 | |
| | Purpose of Disbursement TECHNICAL SUPPORT | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | 21830.00 |
| 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)

PAGE 54 / 75

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Campaign Homebank | Transaction ID: 01202.E12710 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address One Walnut St. Suite A | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 2 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 2 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Boston State MA Zip Code 02108 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement AUTOCALLS | <table border="1"><tr><td>16000.00</td></tr></table> | 16000.00 | | | | | | | | | | | | | | | | | | |
| 16000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

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|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Campaign Homebank | Transaction ID: 01202.E12716 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address One Walnut St. Suite A | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 8 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Boston State MA Zip Code 02108 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement AUTOCALLS | <table border="1"><tr><td>10000.00</td></tr></table> | 10000.00 | | | | | | | | | | | | | | | | | | |
| 10000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

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|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Cims Inc | Transaction ID: 01202.E12720 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address PO Box 600113 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 3 | 0 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 3 | 0 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Newton State MA Zip Code 02460 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement SOFTWARE | <table border="1"><tr><td>3369.98</td></tr></table> | 3369.98 | | | | | | | | | | | | | | | | | | |
| 3369.98 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>29369.98</td></tr></table> | 29369.98 |
| 29369.98 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Cims Inc | Transaction ID: 01202.E12732 |
| | Mailing Address PO Box 600113 | Date of Disbursement 11 / 11 / 2010 |
| | City Newton State MA Zip Code 02460 | Amount of Each Disbursement this Period 2141.88 |
| | Purpose of Disbursement SOFTWARE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Comcast | Transaction ID: 01202.E12628 |
| | Mailing Address PO Box 196 | Date of Disbursement 10 / 19 / 2010 |
| | City Newark State NJ Zip Code 07101 | Amount of Each Disbursement this Period 114.90 |
| | Purpose of Disbursement CABLE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Commonwealth Hotel | Transaction ID: 01202.E12714 |
| | Mailing Address 500 Commonwealth Ave | Date of Disbursement 10 / 26 / 2010 |
| | City Boston State MA Zip Code 02215 | Amount of Each Disbursement this Period 10000.00 |
| | Purpose of Disbursement EVENT RENTAL | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | PARTY ONLY |

| | | |
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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 12256.78 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Commonwealth Hotel Mailing Address 500 Commonwealth Ave City Boston State MA Zip Code 02215 Purpose of Disbursement HOTEL RENTAL 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: 01202.E12724 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0 Amount of Each Disbursement this Period 4000.00 CATEGORY/TYPE PARTY ONLY |
| | Category/Type | PARTY ONLY |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Commonwealth Hotel Mailing Address 500 Commonwealth Ave City Boston State MA Zip Code 02215 Purpose of Disbursement EVENT RENTAL 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: 01202.E12735 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 1 0 Amount of Each Disbursement this Period 6976.84 CATEGORY/TYPE PARTY ONLY |
| | Category/Type | PARTY ONLY |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) DC Rentals Mailing Address 5 Whitmere Rd City Revere State MA Zip Code 02151 Purpose of Disbursement EQUIP RENTAL 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: 01202.E12719 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0 Amount of Each Disbursement this Period 1000.00 CATEGORY/TYPE |
| | Category/Type | CATEGORY/TYPE |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 11976.84 |
| TOTAL This Period (last page this line number only) ▶ | 11976.84 |

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) Direct Mail Systems | Transaction ID: 01202.E12634 Date of Disbursement |
| | Mailing Address 12450 Automobile Boulevard | <input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Clearwater State FL Zip Code 33762 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL | <input type="text" value="395.28"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) DirecTV | Transaction ID: 01202.E12631 Date of Disbursement |
| | Mailing Address PO Box 60036 | <input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Los Angeles State CA Zip Code 90060 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SATELLITE | <input type="text" value="49.34"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Fast Signs | Transaction ID: 01202.E12718 Date of Disbursement |
| | Mailing Address 693 Cochituaters | <input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Framingham State MA Zip Code 01701 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement SIGNS | <input type="text" value="243.81"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="688.43"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|--|--|
| A. Full Name (Last, First, Middle Initial) Fast Signs Mailing Address 693 Cochitatuers City Framingham State MA Zip Code 01701 Purpose of Disbursement SIGNS 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: 01202.E12730 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 343.13 | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement SHIPPING BILL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01202.E12649 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 63.95 | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement SHIPPING 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: 01202.E12674 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 49.44 | |

SUBTOTAL of Disbursements This Page (optional) ▶

456.52

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Full Impact Production | Transaction ID: 01202.E12629 |
| | Mailing Address 97 Betts Rd. | Date of Disbursement 10 / 19 / 2010 |
| | City Belmont State MA Zip Code 02478 | Amount of Each Disbursement this Period 20000.00 |
| | Purpose of Disbursement FUNDRAISING CONSULTING | PARTY ONLY |
| | 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) Full Impact Production | Transaction ID: 01202.E12736 |
| | Mailing Address 97 Betts Rd | Date of Disbursement 11 / 11 / 2010 |
| | City Belmont State MA Zip Code 02478 | Amount of Each Disbursement this Period 4000.00 |
| | Purpose of Disbursement CANDIDATE OPERATIONS CONSULTING | |
| | 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) Full Impact Production | Transaction ID: 01202.E12737 |
| | Mailing Address 97 Betts Rd | Date of Disbursement 11 / 11 / 2010 |
| | City Belmont State MA Zip Code 02478 | Amount of Each Disbursement this Period 4000.00 |
| | Purpose of Disbursement CANDIDATE OPERATIONS ASSISTANCE | |
| | 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)

28000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) House of Blues | Transaction ID: 01202.E12715 Date of Disbursement 10 / 26 / 2010 |
| | Mailing Address 15 Landsdowne St | Amount of Each Disbursement this Period 8000.00 |
| | City Boston State MA Zip Code 02105 | |
| | Purpose of Disbursement EVENT ROOM RENTAL FEE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PARTY ONLY |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) House of Blues | Transaction ID: 01202.E12723 Date of Disbursement 10 / 30 / 2010 |
| | Mailing Address 15 Landsdowne St | Amount of Each Disbursement this Period 20000.00 |
| | City Boston State MA Zip Code 02105 | |
| | Purpose of Disbursement EVENT FOOD & BEVERAGE FEE | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PARTY ONLY |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Konica Minolta Business Systems | Transaction ID: 01202.E12633 Date of Disbursement 10 / 19 / 2010 |
| | Mailing Address P.O. Box 7247-0322 | Amount of Each Disbursement this Period 782.83 |
| | City Philadelphia State PA Zip Code 19170 | |
| | Purpose of Disbursement PRINTER | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 28782.83 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Konica Minolta Business Systems <hr/> Mailing Address P.O. Box 7247-0322 <hr/> City Philadelphia State PA Zip Code 19170 <hr/> Purpose of Disbursement PRINTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01202.E12705 Date of Disbursement 11 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 2430.75 |
| B. | Full Name (Last, First, Middle Initial) Meridian Air Charter <hr/> Mailing Address 485 Industrial Ave <hr/> City Teterboro State NJ Zip Code 07608 <hr/> Purpose of Disbursement CHARTER Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01202.E12727 Date of Disbursement 10 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 11003.74 |
| C. | Full Name (Last, First, Middle Initial) Noodle Island Photography <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement EVENT PHOTOGRAPHY Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01202.E12741 Date of Disbursement 11 / 11 / 2010 <hr/> Amount of Each Disbursement this Period 300.00 <hr/> PARTY ONLY |

SUBTOTAL of Disbursements This Page (optional) ▶

13734.49

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ox-eye Properties | Transaction ID: 01202.E12707 |
| | Mailing Address 119 South 14th St. Suite 300 | Date of Disbursement 10 / 19 / 2010 |
| | City Richmond State VA Zip Code 23219 | Amount of Each Disbursement this Period 4434.00 |
| | Purpose of Disbursement RENT | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Ox-eye Properties | Transaction ID: 01202.E12708 |
| | Mailing Address 119 South 14th St. Suite 300 | Date of Disbursement 10 / 19 / 2010 |
| | City Richmond State VA Zip Code 23219 | Amount of Each Disbursement this Period 569.52 |
| | Purpose of Disbursement RENT | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PARTY | Transaction ID: 01202.E12733 |
| | Mailing Address | Date of Disbursement 11 / 11 / 2010 |
| | City State Zip Code | Amount of Each Disbursement this Period 1923.87 |
| | Purpose of Disbursement EVENT FOOD EXPENSE | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | PARTY ONLY |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 6927.39 |
| 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 63 / 75

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Peterson Party Center | Transaction ID: 01202.E12725 Date of Disbursement 10 / 30 / 2010 |
| | Mailing Address 139 Swanton St | Amount of Each Disbursement this Period 918.00 |
| | City Winchester State MA Zip Code 01890 | |
| | Purpose of Disbursement EVENT SUPPLIES RENTAL | 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) ▼ |
| | | PARTY ONLY |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Peterson Party Center | Transaction ID: 01202.E12726 Date of Disbursement 10 / 30 / 2010 |
| | Mailing Address 139 Swanton St | Amount of Each Disbursement this Period 985.44 |
| | City Winchester State MA Zip Code 01890 | |
| | Purpose of Disbursement EVENT SUPPLIES | 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) ▼ |
| | | PARTY ONLY |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Political Ink Inc | Transaction ID: 01202.E12637 Date of Disbursement 10 / 19 / 2010 |
| | Mailing Address Martin Baker 2924 Bells Road | Amount of Each Disbursement this Period 2065.74 |
| | City Richmond State VA Zip Code 23234 | |
| | Purpose of Disbursement MAILER | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3969.18 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Sprint/Nextel | Transaction ID: 01202.E12671 Date of Disbursement 11 / 08 / 2010 |
| | Mailing Address PO Box 17990 | Amount of Each Disbursement this Period 83.66 |
| | City Denver State CO Zip Code 80217 | |
| | Purpose of Disbursement PHONE BILL | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: 01202.E12646 Date of Disbursement 10 / 26 / 2010 |
| | Mailing Address PO Box 5029 | Amount of Each Disbursement this Period 344.97 |
| | City Wallingford State CT Zip Code 06492 | |
| | Purpose of Disbursement PHONE BILL | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: 01202.E12673 Date of Disbursement 11 / 08 / 2010 |
| | Mailing Address PO Box 5029 | Amount of Each Disbursement this Period 139.53 |
| | City Wallingford State CT Zip Code 06492 | |
| | Purpose of Disbursement PHONE BILL | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 568.16 |
| 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 66 / 75

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: 01202.E12703 Date of Disbursement 11 / 11 / 2010 |
| | Mailing Address PO Box 5029 | Amount of Each Disbursement this Period 679.70 |
| | City Wallingford State CT Zip Code 06492 | |
| | Purpose of Disbursement PHONE BILL Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) National Grid | Transaction ID: 01202.E12639 Date of Disbursement 10 / 22 / 2010 |
| | Mailing Address 179 Medford St. | Amount of Each Disbursement this Period 275.18 |
| | City Malden State MA Zip Code 02148 | |
| | Purpose of Disbursement ELECTRIC BILL Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) National Grid | Transaction ID: 01202.E12672 Date of Disbursement 11 / 08 / 2010 |
| | Mailing Address 179 Medford St. | Amount of Each Disbursement this Period 47.87 |
| | City Malden State MA Zip Code 02148 | |
| | Purpose of Disbursement ELECTRICITY BILL Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

1002.75

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

397895.99

**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 67 / 75

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Massachusetts Republican State Com | Transaction ID: 01202.E12627 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 85 Merrimac St. Suite 400 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 9 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 1 | 9 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Boston State MA Zip Code 02114 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Over-Contribution | <table border="1"><tr><td>29950.00</td></tr></table> | 29950.00 | | | | | | | | | | | | | | | | | | |
| 29950.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Massachusetts Republican State Com | Transaction ID: 01202.E12640 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 85 Merrimac St. Suite 400 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 2 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 2 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Boston State MA Zip Code 02114 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Over-Contribution | <table border="1"><tr><td>15000.00</td></tr></table> | 15000.00 | | | | | | | | | | | | | | | | | | |
| 15000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Massachusetts Republican State Com | Transaction ID: 01202.E12645 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 85 Merrimac St. Suite 400 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 2 | 6 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | | 2 | 6 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Boston State MA Zip Code 02114 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Over-Contribution | <table border="1"><tr><td>30000.00</td></tr></table> | 30000.00 | | | | | | | | | | | | | | | | | | |
| 30000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>74950.00</td></tr></table> | 74950.00 |
| 74950.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

A. Form/Schedule : **SB22**
Transaction ID : **01202.E12627**

\$5,000 Munsell; \$5,000 Herro; \$4,950 Redmondi; \$5,000 Kislak; \$5,000 Herzlinger; \$5,000 Jordan

B. Form/Schedule : **SB22**
Transaction ID : **01202.E12640**

\$5,000 Kutchins \$5,000 Pascucci; \$5,000 Kaneb

C. Form/Schedule : **SB22**

\$5,000 Frias; \$5,000 Cunningham; \$2,500 Nemirovsky; \$2,500 Hoguet; \$5,000 Choate; \$5,000 Wu; \$5,000 Christensen

Transaction ID : **01202.E12645**

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Massachusetts Republican State Com

Transaction ID: 01202.E12651

Date of Disbursement

Mailing Address 85 Merrimac St.
Suite 400

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

City Boston State MA Zip Code 02114

Amount of Each Disbursement this Period

| |
|---------|
| 4500.00 |
|---------|

Purpose of Disbursement
Over-Contribution

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

\$4,500 Brock

State: District:

B.

Full Name (Last, First, Middle Initial)
Massachusetts Republican State Com

Transaction ID: 01202.E12682

Date of Disbursement

Mailing Address 85 Merrimac St.
Suite 400

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 8 | | 2 | 0 | 1 | 0 |

City Boston State MA Zip Code 02114

Amount of Each Disbursement this Period

| |
|----------|
| 10000.00 |
|----------|

Purpose of Disbursement
Over-Contribution

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|----------|
| 14500.00 |
|----------|

TOTAL This Period (last page this line number only)

| |
|----------|
| 89450.00 |
|----------|

B. Form/Schedule : **SB22**

\$5,000 Wymer; \$5,000 Bailey

Transaction ID : **01202.E12682**

**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) Public Opinion Strategies | Transaction ID: 01202.E12632 Date of Disbursement |
| | Mailing Address 277 South Washington Street, Suite | <input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Alexandria State VA Zip Code 22314 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement POLLING FEE | <input type="text" value="22000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PARTY ONLY |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Public Opinion Strategies | Transaction ID: 01202.E12636 Date of Disbursement |
| | Mailing Address 277 South Washington Street, Suite | <input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Alexandria State VA Zip Code 22314 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement POLLING | <input type="text" value="22000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PARTY ONLY |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Public Opinion Strategies | Transaction ID: 01202.E12652 Date of Disbursement |
| | Mailing Address 277 South Washington Street, Suite | <input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Alexandria State VA Zip Code 22314 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement POLLING FEE | <input type="text" value="18000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PARTY ONLY |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 75

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <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) Public Opinion Strategies Mailing Address 277 South Washington Street, Suite City Alexandria State VA Zip Code 22314 Purpose of Disbursement POLLING 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: 01202.E12654 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 28000.00 CATEGORY/TYPE PARTY ONLY |
| B. Full Name (Last, First, Middle Initial) Public Opinion Strategies Mailing Address 277 South Washington Street, Suite City Alexandria State VA Zip Code 22314 Purpose of Disbursement POLLING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01202.E12698 Date of Disbursement 11 / 11 / 2010 |
| | Amount of Each Disbursement this Period 7000.00 CATEGORY/TYPE PARTY ONLY |

SUBTOTAL of Disbursements This Page (optional) ▶

35000.00

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

97000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

| | |
|--|---------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect | Nature of Debt (Purpose): |
| Mailing Address 7300 Hudson Blvd. Ste | |
| City State ZIP Code Saint Paul MN 55128 | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 3910.20 | Transaction ID: LS91217.E11763 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3910.20 |

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

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 250.00 | Transaction ID: LS90513.E11275 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 250.00 |

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

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 250.00 | Transaction ID: LS90513.E11276 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 250.00 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 4410.20 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 75 / 75 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

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

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90513.E11277 | |
| 1250.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 1250.00 | |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | 1250.00 |
| 2) TOTALS This Period (last page this line number only)..... | 5660.20 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 5660.20 |