

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2008 through 03 31 2008

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 04 16 2008

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 |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 16629.38 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 85840.12 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 55369.00 | 275653.50 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 141209.12 | 292282.88 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 95765.64 | 246839.40 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 45443.48 | 45443.48 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 32510.00 | 200610.00 |
| (i) Itemized (use Schedule A) | 17859.00 | 64933.50 |
| (ii) Unitemized | 50369.00 | 265543.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 5000.00 | 10000.00 |
| (c) Other Political Committees (such as PACs) | 55369.00 | 275543.50 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 110.00 |
| 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)) | 55369.00 | 275653.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 55369.00 | 275653.50 |

DETAILED SUMMARY PAGE
of Disbursements

| 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..... | 81916.68 | 209174.47 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 81916.68 | 209174.47 |
| 22. Transfers to Affiliated/Other Party Committees..... | 5000.00 | 15000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds..... | 8848.96 | 22664.93 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 8848.96 | 22664.93 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 95765.64 | 246839.40 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 95765.64 | 246839.40 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 55369.00 | 275543.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 55369.00 | 275543.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 81916.68 | 209174.47 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 110.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 81916.68 | 209064.47 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Mariann Appley

Mailing Address 2 Commonwealth Avenue

City Boston State MA Zip Code 02116

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

Name of Employer Self Employed Occupation Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 28 / 2008

Transaction ID: 80414.C168676

Amount of Each Receipt this Period 200.00

Receipt

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

Mailing Address 127 Highland St.

City Holden State MA Zip Code 01520

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

Name of Employer Bowditch & Dewey Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2008

Transaction ID: 80314.C168490

Amount of Each Receipt this Period 1000.00

Receipt

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

Mailing Address 183 Hayward Mill Road

City Concord State MA Zip Code 01742

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 03 / 17 / 2008

Transaction ID: 80317.C168574

Amount of Each Receipt this Period 100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 43 |
| | <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) Robert Carter | Date of Receipt MM / DD / YYYY 03 / 31 / 2008 |
| | Mailing Address 183 Hayward Mill Road | Transaction ID: 80414.C168761 |
| | City State Zip Code Concord MA 01742 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Forrester Clark | Date of Receipt MM / DD / YYYY 03 / 13 / 2008 |
| | Mailing Address 308 Sagamore St. | Transaction ID: 80314.C168529 |
| | City State Zip Code Hamilton MA 01982 | Amount of Each Receipt this Period 110.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Retired Occupation State Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Mark Cohen | Date of Receipt MM / DD / YYYY 03 / 31 / 2008 |
| | Mailing Address 125 Chestnut Street | Transaction ID: 80414.C168895 |
| | City State Zip Code Concord MA 01742 | Amount of Each Receipt this Period 2500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Office Paper Recovery Sys. Inc Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2710.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 43 |
| | <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) Robert Danner | Date of Receipt MM / DD / YYYY 03 / 18 / 2008 |
| | Mailing Address 48 Seabury Point Road | Transaction ID: 80414.C168602 |
| | City State Zip Code Duxbury MA 02332-5203 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) James Desmarais | Date of Receipt MM / DD / YYYY 03 / 31 / 2008 |
| | Mailing Address 148 Lakeshore Dr. | Transaction ID: 80414.C168826 |
| | City State Zip Code Dracut MA 01826 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Jody Dow | Date of Receipt MM / DD / YYYY 03 / 05 / 2008 |
| | Mailing Address 71 Leicester Street | Transaction ID: 80314.C168354 |
| | City State Zip Code Brookline MA 02445 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Dr. Elias Dow Occupation Office Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1300.00 |
| 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 9 / 43 |
| | <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) Jeanie Falcone | | Date of Receipt |
| | Mailing Address 80 Hancock Ave. | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2008 |
| | City | State | Zip Code |
| | Brockton | MA | 02301 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80414.C168827 |
| Name of Employer Information Requested | | Occupation Information Requested | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 200.00 |
| | | | Receipt |

| | | | |
|---|---|--------------------------|---|
| B. | Full Name (Last, First, Middle Initial) M. Dozier Gardner | | Date of Receipt |
| | Mailing Address 100 Upland Road | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 04 / 2008 |
| | City | State | Zip Code |
| | Brookline | MA | 02445 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80314.C168251 |
| Name of Employer Self Employed | | Occupation Consultant | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 1000.00 |
| | | | Receipt |

| | | | |
|---|---|--------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Nelson Gifford | | Date of Receipt |
| | Mailing Address 14 Windsor Road | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2008 |
| | City | State | Zip Code |
| | Wellesley | MA | 02481 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80414.C168756 |
| Name of Employer Fleetwing | | Occupation President | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 250.00 |
| | | | Receipt |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1450.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 10 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William Hart

Mailing Address PO Box 39

City Yarmouth State MA Zip Code 02664

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

Name of Employer EDP Contract Serv. Occupation Computer Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 31 / 2008
Transaction ID: 80414.C168759
Amount of Each Receipt this Period 200.00
Receipt

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

Mailing Address 17 College View Hts

City South Hadley State MA Zip Code 01075

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

Name of Employer Hazen Paper Company Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 18 / 2008
Transaction ID: 80318.C168576
Amount of Each Receipt this Period 350.00
Receipt

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

Mailing Address 37 Thomas Rd.

City Swampscott State MA Zip Code 01907

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

Name of Employer Mass General Hospital Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 03 / 13 / 2008
Transaction ID: 80314.C168534
Amount of Each Receipt this Period 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 / 43
(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) Miles Herter | | Date of Receipt MM / DD / YYYY 03 / 31 / 2008 |
| Mailing Address 12 Boardman Ave. | | Transaction ID: 80414.C168765 |
| City Manchester | State MA | Zip Code 01944 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Retired | Occupation Retired | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Donald Irving | | Date of Receipt MM / DD / YYYY 03 / 20 / 2008 |
| Mailing Address 71 Coney Street | | Transaction ID: 80414.C168631 |
| City Walpole | State MA | Zip Code 02032 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Retired | Occupation Retired | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Ronald Kaufman | | Date of Receipt MM / DD / YYYY 03 / 13 / 2008 |
| Mailing Address 401 Sixth Street, SE | | Transaction ID: 80314.C168535 |
| City Washington | State DC | Zip Code 20003 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer The Dutko Group | Occupation Consultant | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1350.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 43
(check only one)

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

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

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

A.

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

Mailing Address 10 Alderwood Dr.

City State Zip Code
Easton MA 02334

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2008

Transaction ID: 80414.C168628

Amount of Each Receipt this Period
500.00

Receipt

B.

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

Mailing Address 2 Brimmer St. #3

City State Zip Code
Boston MA 02108

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

Name of Employer Occupation
Skadden, Arps, Slate, Meagher Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2008

Transaction ID: 80314.C168466

Amount of Each Receipt this Period
250.00

Receipt

C.

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

Mailing Address 7 West Hollow

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Wignall Animal Hospital Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2008

Transaction ID: 80317.C168570

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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 / 43
(check only one)

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

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

A.

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

Mailing Address 2 Avery Street, 36D

City State Zip Code
Boston MA 02111

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 80414.C168834

Amount of Each Receipt this Period
1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Peter Nicholas

Mailing Address 58 Chestnut Street

City State Zip Code
Boston MA 02108

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

Name of Employer Boston Scientific Corp. Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: 80414.C168941

Amount of Each Receipt this Period
10000.00

Receipt

C.

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

Mailing Address 394 Marlborough St

City State Zip Code
Boston MA 02115

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

Name of Employer Self Employed Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2008

Transaction ID: 80314.C168528

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **11500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 43

(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) Jacques Prindiville Mailing Address 1550 Worcester Rd, Rt. 9 Chapel Hill West Unit 508 City Framingham State MA Zip Code 01702-8931 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 8 Transaction ID: 80314.C168464 Amount of Each Receipt this Period 1000.00 Receipt |
| B. | Full Name (Last, First, Middle Initial) John Sears Mailing Address 7 Acorn St. City Boston State MA Zip Code 02108 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 4 / 2 0 0 8 Transaction ID: 80314.C168253 Amount of Each Receipt this Period 500.00 Receipt |
| C. | Full Name (Last, First, Middle Initial) John Shaughnessy Mailing Address 91 Longmeadow Rd. City Milton State MA Zip Code 02186 FEC ID number of contributing federal political committee. C Name of Employer Shaughnessy and Ahern Occupation Businessman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 4 / 2 0 0 8 Transaction ID: 80314.C168252 Amount of Each Receipt this Period 1000.00 Receipt |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| 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 15 / 43 |
| | <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) Andrew Silinsh | | Date of Receipt |
| | Mailing Address 2 Blacksmith Rd | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Chelmsford | MA | 01824 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80314.C168546 |
| Name of Employer Fidelity Investments | | Occupation Software Manager | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 200.00 |
| | | | Receipt |

| | | | |
|---|---|--------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Jeffrey Speller | | Date of Receipt |
| | Mailing Address 60 Wellesley Rd. | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Belmont | MA | 02478 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80314.C168532 |
| Name of Employer Self Employed | | Occupation Physician | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 100.00 |
| | | | Receipt |

| | | | |
|---|---|--------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Jeffrey Speller | | Date of Receipt |
| | Mailing Address 60 Wellesley Rd. | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Belmont | MA | 02478 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80314.C168533 |
| Name of Employer Self Employed | | Occupation Physician | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 150.00 |
| | | | Receipt |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 450.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 16 / 43
(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)
John Spurr
 Mailing Address 24 Crescent Avenue
 City State Zip Code
 Scituate MA 02066
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2008
Transaction ID: 80314.C168254
 Amount of Each Receipt this Period
 200.00
 Receipt
 Name of Employer Occupation
 AW Perry Inc Comm Real Estate
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

B. Full Name (Last, First, Middle Initial)
Polly Townsend
 Mailing Address 34 Proctor St
 City State Zip Code
 Manchester MA 01944
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2008
Transaction ID: 80314.C168530
 Amount of Each Receipt this Period
 2500.00
 Receipt
 Name of Employer Occupation
 Retired Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

C. Full Name (Last, First, Middle Initial)
Francis Venditti
 Mailing Address 160 Warren Avenue
 City State Zip Code
 Seekonk MA 02771
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2008
Transaction ID: 80414.C168767
 Amount of Each Receipt this Period
 250.00
 Receipt
 Name of Employer Occupation
 seekonk speedway Manager
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 2950.00
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 / 43
(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)
Christopher Vincze

Mailing Address 1 Eisenhaure Lane

City State Zip Code
North Reading MA 01864

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

Name of Employer TRC Companies Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2008

Transaction ID: 80414.C168659

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 100 Newbury Ct., Apt. 502

City State Zip Code
Concord MA 01742

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2008

Transaction ID: 80317.C168571

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
D. Bradford Wetherell

Mailing Address 47 Fresh Pond Ln.

City State Zip Code
Cambridge MA 02138

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

Name of Employer Romney for President Occupation Policy Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2008

Transaction ID: 80317.C168572

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2200.00

TOTAL This Period (last page this line number only) ► 32510.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 43
(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)
General Electric PAC

Mailing Address 1299 Pennsylvania Ave, NW
Suite 900

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer PAC Occupation
FEC ID: C00024869

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 80414.C168942

Amount of Each Receipt this Period
5000.00

Receipt

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 43

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) American Legion Post 19 Mailing Address 124 Highland Avenue City Somerville State MA Zip Code 02144- Purpose of Disbursement Hall Rental for Caucus 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: 80414.E10302 Date of Disbursement 03 / 20 / 2008 Amount of Each Disbursement this Period 300.00 HALL RENTAL FOR CAUCUS |
| B. | Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts Mailing Address Landmark Center 401 Park Drive City Boston State MA Zip Code 02215- Purpose of Disbursement Health Ins. 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: 80414.E10296 Date of Disbursement 03 / 24 / 2008 Amount of Each Disbursement this Period 882.92 HEALTH INS. |
| C. | Full Name (Last, First, Middle Initial) Cambridge Offset Printing Mailing Address 56 Creighton Street City Cambridge State MA Zip Code 02140- Purpose of Disbursement 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: 80314.E10235 Date of Disbursement 03 / 03 / 2008 Amount of Each Disbursement this Period 4173.75 PRINTING |

SUBTOTAL of Disbursements This Page (optional) ▶

5356.67

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 43

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Css Castle Self-Storage | Transaction ID: 80414.E10279 |
| | Mailing Address 39 Old Colony Ave. | Date of Disbursement MM / DD / YYYY 03 / 14 / 2008 |
| | City Boston State MA Zip Code 02127- | Amount of Each Disbursement this Period 329.00 |
| | Purpose of Disbursement Storage | Category/ Type STORAGE |
| | 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) Css Castle Self-Storage | Transaction ID: 80414.E10267 |
| | Mailing Address 39 Old Colony Ave. | Date of Disbursement MM / DD / YYYY 03 / 17 / 2008 |
| | City Boston State MA Zip Code 02127- | Amount of Each Disbursement this Period 329.00 |
| | Purpose of Disbursement Starage | Category/ Type STARAGE |
| | 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) DirecTV DirecTV | Transaction ID: 80414.E10268 |
| | Mailing Address PO Box 60036 | Date of Disbursement MM / DD / YYYY 03 / 17 / 2008 |
| | City Los Angeles State CA Zip Code 90060-0036 | Amount of Each Disbursement this Period 94.95 |
| | Purpose of Disbursement Cable Service | Category/ Type CABLE SERVICE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

752.95

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) ENlisson ENlisson | Transaction ID: 80314.E10250 Date of Disbursement 03 / 07 / 2008 |
| | Mailing Address 6 Depot Street | Amount of Each Disbursement this Period 345.14 |
| | City Westford State MA Zip Code 01886- | |
| | Purpose of Disbursement Web hosting 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) ▼ |
| | | WEB HOSTING |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Federal Express (Fed Ex) | Transaction ID: 80314.E10232 Date of Disbursement 03 / 03 / 2008 |
| | Mailing Address PO Box 371461 | Amount of Each Disbursement this Period 52.57 |
| | City Pittsburgh State PA Zip Code 15250- | |
| | Purpose of Disbursement Express mail 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) ▼ |
| | | EXPRESS MAIL |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Federal Express (Fed Ex) | Transaction ID: 80414.E10280 Date of Disbursement 03 / 17 / 2008 |
| | Mailing Address PO Box 371461 | Amount of Each Disbursement this Period 30.55 |
| | City Pittsburgh State PA Zip Code 15250- | |
| | Purpose of Disbursement Express Mail 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) ▼ |
| | | EXPRESS MAIL |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 428.26 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Federal Express (Fed Ex) | Transaction ID: 80414.E10305 Date of Disbursement 03 / 28 / 2008 |
| | Mailing Address PO Box 371461 | |
| | City Pittsburgh State PA Zip Code 15250- | Amount of Each Disbursement this Period 11.04 |
| | Purpose of Disbursement Express Mail 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) ▼ |
| | | EXPRESS MAIL |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Garage Government Center | Transaction ID: 80314.E10234 Date of Disbursement 03 / 03 / 2008 |
| | Mailing Address 50 New Sudbury Street | |
| | City Boston State MA Zip Code 02114- | Amount of Each Disbursement this Period 640.00 |
| | Purpose of Disbursement Parking 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) ▼ |
| | | PARKING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Guardian Guardian | Transaction ID: 80414.E10263 Date of Disbursement 03 / 03 / 2008 |
| | Mailing Address Boston Group Office 1 Liberty Square | |
| | City Boston State MA Zip Code 02109- | Amount of Each Disbursement this Period 408.56 |
| | Purpose of Disbursement Insurance 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) ▼ |
| | | INSURANCE |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1059.60 |
| 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) Bruce Harrison | Transaction ID: 80314.E10246 Date of Disbursement 03 / 04 / 2008 |
| | Mailing Address 101 Elm St | Amount of Each Disbursement this Period 1000.00 |
| | City Wakefield State MA Zip Code 01880- | |
| | Purpose of Disbursement Administration service 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) ▼ |
| | | ADMINISTRATION SERVICE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Lyndsay Jones | Transaction ID: 80414.E10284 Date of Disbursement 03 / 17 / 2008 |
| | Mailing Address 16 Oval Road | Amount of Each Disbursement this Period 109.30 |
| | City Quincy State MA Zip Code 02170- | |
| | Purpose of Disbursement Reimbursement for Parking & Toll Expenditures 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) ▼ |
| | | REIMBURSEMENT FOR PARKING & TOLL EXPENDITURES |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Lyndsay Jones | Transaction ID: 80414.E10283 Date of Disbursement 03 / 17 / 2008 |
| | Mailing Address 16 Oval Road | Amount of Each Disbursement this Period 65.00 |
| | City Quincy State MA Zip Code 02170- | |
| | Purpose of Disbursement Reimbursement for Postage Expenditure 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) ▼ |
| | | REIMBURSEMENT FOR POSTAGE EXPENDITURE |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1174.30 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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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) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- Purpose of Disbursement Reimbursement for Postage & Office Supplies 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: 80414.E10301 Date of Disbursement 03 / 24 / 2008 |
| | Amount of Each Disbursement this Period 161.60 REIMBURSEMENT FOR POSTAGE & OFFICE SUPPLIES |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) Brett Kasper Mailing Address 58 Queensberry Street #3 City Boston State MA Zip Code 02215- Purpose of Disbursement Internship 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: 80414.E10287 Date of Disbursement 03 / 17 / 2008 |
| | Amount of Each Disbursement this Period 700.00 INTERNSHIP |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) Brett Kasper Mailing Address 58 Queensberry Street #3 City Boston State MA Zip Code 02215- Purpose of Disbursement Internship 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: 80414.E10297 Date of Disbursement 03 / 24 / 2008 |
| | Amount of Each Disbursement this Period 700.00 INTERNSHIP |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1561.60 |
| 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) Barney Keller | Transaction ID: 80314.E10249 Date of Disbursement 03 / 07 / 2008 |
| | Mailing Address 187 Lewis Rd. | Amount of Each Disbursement this Period 32.38 |
| | City Belmont State MA Zip Code 02478- | |
| | Purpose of Disbursement B. Keller reimbursement for parking and travel | B. KELLER REIMBURSEMENT FOR PARKING AND TRAVEL |
| | Candidate Name Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Barney Keller | Transaction ID: 80414.E10298 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address 187 Lewis Rd. | Amount of Each Disbursement this Period 64.54 |
| | City Belmont State MA Zip Code 02478- | |
| | Purpose of Disbursement Parking & Toll Reimbursements | PARKING & TOLL REIMBURSEMENTS |
| | 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) Communication, Inc. Majority | Transaction ID: 80314.E10244 Date of Disbursement 03 / 07 / 2008 |
| | Mailing Address 274 Marconi Blvd. Suite 260 | Amount of Each Disbursement this Period 3000.00 |
| | City Columbus State OH Zip Code 43215- | |
| | Purpose of Disbursement voter mail | VOTER MAIL |
| | 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) | 3096.92 |
| 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 Marriott Newton | Transaction ID: 80314.E10247 Date of Disbursement 03 / 04 / 2008 |
| | Mailing Address 2345 Commonwealth Ave. | Amount of Each Disbursement this Period 1234.10 |
| | City Newton State MA Zip Code 02466- | |
| | Purpose of Disbursement Event - State committee meeting | Category/ Type EVENT - STATE COMMITTEE MEETING |
| | 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 Marriott Newton | Transaction ID: 80414.E10265 Date of Disbursement 03 / 17 / 2008 |
| | Mailing Address 2345 Commonwealth Ave. | Amount of Each Disbursement this Period 449.61 |
| | City Newton State MA Zip Code 02466- | |
| | Purpose of Disbursement State Committee Meeting | Category/ Type STATE COMMITTEE MEETING |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Merchants Bankcard | Transaction ID: 80415.E10329 Date of Disbursement 03 / 03 / 2008 |
| | Mailing Address Fleet Bank 100 Federal Street | Amount of Each Disbursement this Period 25.00 |
| | City Boston State MA Zip Code 02110- | |
| | Purpose of Disbursement Credit Card Processing Fee | Category/ Type CREDIT CARD PROCESSING FEE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1708.71 |
| 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) Merchants Bankcard | Transaction ID: 80415.E10328 Date of Disbursement 03 / 03 / 2008 |
| | Mailing Address Fleet Bank 100 Federal Street | Amount of Each Disbursement this Period 261.88 |
| | City Boston State MA Zip Code 02110- Purpose of Disbursement Credit Card Processing 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) ▼ | CREDIT CARD PROCESSING FEE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) mindShift Technologies, Inc. | Transaction ID: 80414.E10276 Date of Disbursement 03 / 17 / 2008 |
| | Mailing Address PO Box 200105 | Amount of Each Disbursement this Period 1652.00 |
| | City Pittsburgh State PA Zip Code 15251- Purpose of Disbursement Computer Networking 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) ▼ | COMPUTER NETWORKING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Konica Minolta Business Systems | Transaction ID: 80414.E10269 Date of Disbursement 03 / 17 / 2008 |
| | Mailing Address P.O. Box 7247-0322 | Amount of Each Disbursement this Period 708.76 |
| | City Philadelphia State PA Zip Code 19170-0322 Purpose of Disbursement Copier 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) ▼ | COPIER |

SUBTOTAL of Disbursements This Page (optional) ▶

2622.64

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)

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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

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Omni Parker House</p> <p>Mailing Address 60 School Street</p> <p>City Boston State MA Zip Code 02108-</p> <p>Purpose of Disbursement Event room rental and catering</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: 80314.E10242</p> <p>Date of Disbursement MM / DD / YYYY 03 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2648.50</p> <p>EVENT ROOM RENTAL AND CATERING</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey & Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Rent</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: 80314.E10237</p> <p>Date of Disbursement MM / DD / YYYY 03 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 3695.00</p> <p>RENT</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey & Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Utilities</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: 80314.E10243</p> <p>Date of Disbursement MM / DD / YYYY 03 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 831.96</p> <p>UTILITIES</p> |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7175.46 |
| 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 29 / 43

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Mailing Address c/o Massey & Co. 85 Merrimac Street City Boston State MA Zip Code 02114- Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80414.E10281 Date of Disbursement 03 / 17 / 2008 |
| | Amount of Each Disbursement this Period 1388.09 Category/Type UTILITIES |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) Ox-Eye Properties Mailing Address c/o Massey & Co. 85 Merrimac Street City Boston State MA Zip Code 02114- Purpose of Disbursement Rent - Premises 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: 80414.E10294 Date of Disbursement 03 / 24 / 2008 |
| | Amount of Each Disbursement this Period 4064.50 Category/Type RENT - PREMISES |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80314.E10258 Date of Disbursement 03 / 06 / 2008 |
| | Amount of Each Disbursement this Period 4136.43 Category/Type PAYROLL TAXES |

SUBTOTAL of Disbursements This Page (optional) ▶

9589.02

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 43

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Paychex/InterPay | Transaction ID: 80314.E10257 Date of Disbursement 03 / 06 / 2008 |
| | Mailing Address PO Box 8295 | Amount of Each Disbursement this Period 4038.46 |
| | City Boston State MA Zip Code 02266- | |
| | Purpose of Disbursement Payroll - 401k | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL - 401K |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Paychex/InterPay | Transaction ID: 80414.E10322 Date of Disbursement 03 / 10 / 2008 |
| | Mailing Address PO Box 8295 | Amount of Each Disbursement this Period 126.24 |
| | City Boston State MA Zip Code 02266- | |
| | Purpose of Disbursement Payroll Processing Fee | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL PROCESSING FEE |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Paychex/InterPay | Transaction ID: 80415.E10330 Date of Disbursement 03 / 14 / 2008 |
| | Mailing Address PO Box 8295 | Amount of Each Disbursement this Period 160.00 |
| | City Boston State MA Zip Code 02266- | |
| | Purpose of Disbursement 401k Processing Fee | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | 401K PROCESSING FEE |

SUBTOTAL of Disbursements This Page (optional) ► **4324.70**

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) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll - 401k Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80415.E10338 Date of Disbursement 03 / 20 / 2008 Amount of Each Disbursement this Period 1153.85 PAYROLL - 401K |
| B. | Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80416.E10344 Date of Disbursement 03 / 20 / 2008 Amount of Each Disbursement this Period 2122.48 PAYROLL TAXES |
| C. | Full Name (Last, First, Middle Initial) Boston Postmaster Mailing Address JW MCCORMACK STATION New Chardon Street City Boston State MA Zip Code 02114- Purpose of Disbursement Postage - general use 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: 80314.E10238 Date of Disbursement 03 / 03 / 2008 Amount of Each Disbursement this Period 820.00 POSTAGE - GENERAL USE |

SUBTOTAL of Disbursements This Page (optional) ▶

4096.33

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) Jody's Quik Print | Transaction ID: 80314.E10236 Date of Disbursement 03 / 03 / 2008 |
| | Mailing Address P.O. Box 1068 | Amount of Each Disbursement this Period 1258.42 |
| | City Middleton State MA Zip Code 01949- | |
| | Purpose of Disbursement Printing | Category/ Type PRINTING |
| | 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) Jody's Quik Print | Transaction ID: 80414.E10304 Date of Disbursement 03 / 28 / 2008 |
| | Mailing Address P.O. Box 1068 | Amount of Each Disbursement this Period 98.07 |
| | City Middleton State MA Zip Code 01949- | |
| | Purpose of Disbursement Printing Expense | Category/ Type PRINTING EXPENSE |
| | 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) Steven Roche | Transaction ID: 80414.E10288 Date of Disbursement 03 / 17 / 2008 |
| | Mailing Address 70 Hope Ave. Apt 302 | Amount of Each Disbursement this Period 5000.00 |
| | City Waltham State MA Zip Code 02453- | |
| | Purpose of Disbursement Fundraising Consulting Services | Category/ Type FUNDRAISING CONSULTING SE- RVICES |
| | 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: | |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 6356.49 |
| 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)

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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) SCM Associates | Transaction ID: 80314.E10240 Date of Disbursement 03 / 03 / 2008 |
| | Mailing Address Steve Meyers 1283 Main Street | Amount of Each Disbursement this Period 3187.50 |
| | City Dublin State NH Zip Code 03444- | |
| | Purpose of Disbursement Direct Mail and telemarketing | |
| | 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) ▼ |
| | | DIRECT MAIL AND TELEMARKETING |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) SCM Associates | Transaction ID: 80314.E10241 Date of Disbursement 03 / 03 / 2008 |
| | Mailing Address Steve Meyers 1283 Main Street | Amount of Each Disbursement this Period 4248.72 |
| | City Dublin State NH Zip Code 03444- | |
| | Purpose of Disbursement Direct mail and telemarketing | |
| | 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) ▼ |
| | | DIRECT MAIL AND TELEMARKETING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) SCM Associates | Transaction ID: 80314.E10239 Date of Disbursement 03 / 03 / 2008 |
| | Mailing Address Steve Meyers 1283 Main Street | Amount of Each Disbursement this Period 1300.00 |
| | City Dublin State NH Zip Code 03444- | |
| | Purpose of Disbursement Direct mail and telemarketing | |
| | 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) ▼ |
| | | DIRECT MAIL AND TELEMARKETING |

SUBTOTAL of Disbursements This Page (optional) ► **8736.22**

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) SCM Associates | Transaction ID: 80314.E10252 Date of Disbursement MM / DD / YYYY 03 / 07 / 2008 |
| | Mailing Address Steve Meyers 1283 Main Street | Amount of Each Disbursement this Period 12112.87 |
| | City Dublin State NH Zip Code 03444- | |
| | Purpose of Disbursement Direct mail and telemarketing | |
| | 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) ▼ |
| | | DIRECT MAIL AND TELEMARKETING |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) SCM Associates | Transaction ID: 80314.E10251 Date of Disbursement MM / DD / YYYY 03 / 07 / 2008 |
| | Mailing Address Steve Meyers 1283 Main Street | Amount of Each Disbursement this Period 845.00 |
| | City Dublin State NH Zip Code 03444- | |
| | Purpose of Disbursement Direct Mail and Telemarketing | |
| | 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) ▼ |
| | | DIRECT MAIL AND TELEMARKETING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) SCM Associates | Transaction ID: 80414.E10277 Date of Disbursement MM / DD / YYYY 03 / 17 / 2008 |
| | Mailing Address Steve Meyers 1283 Main Street | Amount of Each Disbursement this Period 3909.25 |
| | City Dublin State NH Zip Code 03444- | |
| | Purpose of Disbursement Fund Raising | |
| | 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) ▼ |
| | | FUND RAISING |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 16867.12 |
| 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) Simard Printing Mailing Address 300 Salem Street City Woburn State MA Zip Code 01801- Purpose of Disbursement Mail & Data Prepping - Caucus Notice 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: 80414.E10295 Date of Disbursement 03 / 20 / 2008 Amount of Each Disbursement this Period 2197.62 MAIL & DATA PREPPING - CAUCUS NOTICE |
| B. | Full Name (Last, First, Middle Initial) Staples, Inc. Mailing Address Staples Credit Plan Dept. 80 - 0088936796 City Des Moines State IA Zip Code 50368-9020 Purpose of Disbursement Office Supplies 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: 80314.E10233 Date of Disbursement 03 / 03 / 2008 Amount of Each Disbursement this Period 43.34 OFFICE SUPPLIES |
| C. | Full Name (Last, First, Middle Initial) Staples, Inc. Mailing Address Staples Credit Plan Dept. 80 - 0088936796 City Des Moines State IA Zip Code 50368-9020 Purpose of Disbursement Office Supplies 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: 80414.E10303 Date of Disbursement 03 / 28 / 2008 Amount of Each Disbursement this Period 670.98 OFFICE SUPPLIES |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2911.94 |
| 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) T-Mobile T-Mobile | Transaction ID: 80314.E10245 Date of Disbursement 03 / 07 / 2008 |
| | Mailing Address PO Box 790047 | Amount of Each Disbursement this Period 434.84 |
| | City Saint Louis State MO Zip Code 63179- | PHONE SERVICES |
| | Purpose of Disbursement Phone services Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Peter Torkildsen | Transaction ID: 80414.E10272 Date of Disbursement 03 / 17 / 2008 |
| | Mailing Address 1 Stony Brook Road | Amount of Each Disbursement this Period 68.00 |
| | City Chelmsford State MA Zip Code 01863- | REIMBURSEMENT FOR PARKING |
| | Purpose of Disbursement Reimbursement for parking 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) Peter Torkildsen | Transaction ID: 80414.E10273 Date of Disbursement 03 / 17 / 2008 |
| | Mailing Address 1 Stony Brook Road | Amount of Each Disbursement this Period 602.13 |
| | City Chelmsford State MA Zip Code 01863- | REIMBURSEMENT:SEE BELOW |
| | Purpose of Disbursement Reimbursement:see below Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

1104.97

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)

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

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

| | | | |
|-----------|--|--|---|
| A. | Full Name (Last, First, Middle Initial) The Palazzo Hotel Mailing Address 3324 Las Vegas Blvd S City Las Vegas State NV Zip Code 89109- Purpose of Disbursement P.Torkildsen reimbursement for lodging 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: 80414.E10274 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8 | Amount of Each Disbursement this Period 602.13 [MEMO ITEM] MEMO: P.TORKILDSEN REIMBURSEMENT FOR LODGING |
| B. | Full Name (Last, First, Middle Initial) Peter Torkildsen Mailing Address 1 Stony Brook Road City Chelmsford State MA Zip Code 01863- Purpose of Disbursement Payroll 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: 80415.E10335 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 8 | Amount of Each Disbursement this Period 806.31 PAYROLL |
| C. | Full Name (Last, First, Middle Initial) Verizon- Verizon Internet Ser Mailing Address PO Box 101096 City Atlanta State GA Zip Code 30392- Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80415.E10331 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8 | Amount of Each Disbursement this Period 767.62 INTERNET SERVICE |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1573.93 |
| 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 38 / 43

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Verizon Wireless | Transaction ID: 80415.E10332 |
| | Mailing Address PO Box 5029 | Date of Disbursement 03 / 17 / 2008 |
| | City Wallingford State CT Zip Code 06492- | Amount of Each Disbursement this Period 504.45 |
| | Purpose of Disbursement Phone | PHONE |
| | 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) Robert Willington | Transaction ID: 80314.E10248 |
| | Mailing Address 12 Arlington Street | Date of Disbursement 03 / 07 / 2008 |
| | City Reading State MA Zip Code 01867- | Amount of Each Disbursement this Period 412.70 |
| | Purpose of Disbursement R. Willington reimbursement for parking food and travel | R. WILLINGTON REIMBURSEMENT FOR PARKING FOOD AND TRAVEL |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Robert Willington | Transaction ID: 80414.E10286 |
| | Mailing Address 12 Arlington Street | Date of Disbursement 03 / 17 / 2008 |
| | City Reading State MA Zip Code 01867- | Amount of Each Disbursement this Period 247.70 |
| | Purpose of Disbursement Reimbursement for Train & Toll Expenditures | REIMBURSEMENT FOR TRAIN & TOLL EXPENDITURES |
| | 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) ▶

1164.85

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)

PAGE 39 / 43

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

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

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <hr/> Purpose of Disbursement Train Cab & Lunch Exp Reimbursement 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: 80414.E10300 Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2008 |
| | Amount of Each Disbursement this Period 104.00 <hr/> TRAIN CAB & LUNCH EXP REI- MBURSEMENT |
| B. Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <hr/> Purpose of Disbursement Train & Cab Fare Reimbursement 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: 80414.E10299 Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2008 |
| | Amount of Each Disbursement this Period 77.00 <hr/> TRAIN & CAB FARE REIMBURS- EMENT |

SUBTOTAL of Disbursements This Page (optional) ▶

181.00

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

81843.68

**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 40 / 43

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Mass Republican State Committee

Mailing Address 85 Merrimac Street
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement
C. Collins remedying excessive contrib ref:May 2007 report

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80414.E10307

Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input 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) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- Purpose of Disbursement Payroll 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: 80314.E10253 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8 | Amount of Each Disbursement this Period 1260.12 PAYROLL |
| B. | Full Name (Last, First, Middle Initial) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- Purpose of Disbursement Payroll 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: 80415.E10334 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 8 | Amount of Each Disbursement this Period 1260.12 PAYROLL |
| C. | Full Name (Last, First, Middle Initial) Barney Keller Mailing Address 187 Lewis Rd. City Belmont State MA Zip Code 02478- Purpose of Disbursement Payroll 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: 80414.E10285 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8 | Amount of Each Disbursement this Period 1088.57 PAYROLL |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3608.81 |
| 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)

PAGE 42 / 43

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Peter Torkildsen | Transaction ID: 80314.E10254 Date of Disbursement 03 / 06 / 2008 |
| | Mailing Address 1 Stony Brook Road | Amount of Each Disbursement this Period 2379.11 |
| | City Chelmsford State MA Zip Code 01863- | |
| | Purpose of Disbursement Payroll Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Robert Willington | Transaction ID: 80314.E10255 Date of Disbursement 03 / 06 / 2008 |
| | Mailing Address 12 Arlington Street | Amount of Each Disbursement this Period 1430.52 |
| | City Reading State MA Zip Code 01867- | |
| | Purpose of Disbursement Payroll Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Robert Willington | Transaction ID: 80415.E10336 Date of Disbursement 03 / 20 / 2008 |
| | Mailing Address 12 Arlington Street | Amount of Each Disbursement this Period 1430.52 |
| | City Reading State MA Zip Code 01867- | |
| | Purpose of Disbursement Payroll Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL |

SUBTOTAL of Disbursements This Page (optional) ▶

5240.15

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

8848.96

Image# 28990852552

Form/Schedule: **F3XN**

Transaction ID:

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