

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2011 through 08 31 2011

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

Type or Print Name of Treasurer Brent Anderson

Signature of Treasurer Electronically Filed by Brent Anderson Date 09 12 2011

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

Office Use Only									
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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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		226459.16
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	53985.15									
(c) Total Receipts (from Line 19)	60126.78	349319.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	114111.93	575778.87								
7. Total Disbursements (from Line 31)	66496.05	528162.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47615.88	47615.88								
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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	46172.78	204384.77
(ii) Unitemized	12954.00	136129.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	59126.78	340514.71
(b) Political Party Committees	1000.00	2400.00
(c) Other Political Committees (such as PACs)	0.00	6405.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	60126.78	349319.71
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	60126.78	349319.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	60126.78	349319.71

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.....	66496.05	528162.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	66496.05	528162.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	66496.05	528162.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66496.05	528162.99

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)	60126.78	349319.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60126.78	349319.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	66496.05	528162.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	66496.05	528162.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 45

(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)
HARVEY BINES

Mailing Address 36 CLARKE ST

City State Zip Code
LEXINGTON MA 02421-4916

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

Name of Employer Occupation
SULLIVAN & WORCESTER LAWYER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 1

Transaction ID: SA11.186424

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
YVONNE BOYLE

Mailing Address 264 BUNKER HILL ST

City State Zip Code
BOSTON MA 02129-1829

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

Name of Employer Occupation
PARK STREET CAPITAL OFFICE MANAGER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 1 1

Transaction ID: SA11.186427

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. NELSON BURBANK

Mailing Address 24 JUNIPER CIR

City State Zip Code
READING MA 01867-1836

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11.186346

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 45
(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)
WALTER CONWAY

Mailing Address 16 ORIENT PL

City MELROSE State MA Zip Code 02176-3211

FEC ID number of contributing federal political committee. C

Name of Employer TRACK ON EQUIPMENT Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 08 / 10 / 2011

Transaction ID: SA11.186217

Amount of Each Receipt this Period 75.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOAN CRAWFORD

Mailing Address 207 PARK ST

City NORTH READING State MA Zip Code 01864-2306

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 ▼ 210.00

Date of Receipt 08 / 15 / 2011

Transaction ID: SA11.186230

Amount of Each Receipt this Period 100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID GANZ

Mailing Address 77 WELLESLEY RD

City BELMONT State MA Zip Code 02478-2123

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 09 / 2011

Transaction ID: SA11.186211

Amount of Each Receipt this Period 220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 395.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 45
(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)
MERLE GREEN, JR.
Mailing Address 4 MOUNT LEBANON ST
City State Zip Code
PEPPERELL MA 01463-1269
FEC ID number of contributing federal political committee. C
Name of Employer SELF EMPLOYED Occupation RETAIL
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
250.00

Date of Receipt 08 / 19 / 2011
Transaction ID: SA11.186334
Amount of Each Receipt this Period
100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM K. HOSKINS
Mailing Address 79 RACHELS WAY
City State Zip Code
VINEYARD HAVEN MA 02568-6544
FEC ID number of contributing federal political committee. C
Name of Employer HOSKINS & ASSOC. Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
600.00

Date of Receipt 08 / 09 / 2011
Transaction ID: SA11.186200
Amount of Each Receipt this Period
600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEPHEN JEFFRIES
Mailing Address 12 BRIMMER ST
City State Zip Code
BOSTON MA 02108-1002
FEC ID number of contributing federal political committee. C
Name of Employer S.B. JEFFRIES CONSULTANTS Occupation PRESIDENT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼
1388.90

Date of Receipt 08 / 01 / 2011
Transaction ID: SA11.186083
Amount of Each Receipt this Period
277.78
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 977.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 45
	<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) MR. RONALD C. KAUFMAN	Date of Receipt MM / DD / YYYY 08 / 22 / 2011
	Mailing Address 250 BEACON ST UNIT 2	Transaction ID: SA11.186345
	City State Zip Code BOSTON MA 02116-1203	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation THE DUTKO GROUP CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2075.00	

B.	Full Name (Last, First, Middle Initial) GEORGE A. MAGAN	Date of Receipt MM / DD / YYYY 08 / 01 / 2011
	Mailing Address 45 STEPHEN ST	Transaction ID: SA11.186098
	City State Zip Code NEW BEDFORD MA 02740-1223	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) HOLT MASSEY	Date of Receipt MM / DD / YYYY 08 / 29 / 2011
	Mailing Address 85 MERRIMAC ST	Transaction ID: SA11.186446
	City State Zip Code BOSTON MA 02114-4728	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation MASSEY & CO., LLC EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

SUBTOTAL of Receipts This Page (optional)	15775.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 45
(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)
MRS. KATHARINE E. MERCK

Mailing Address 1010 WALTHAM ST
DO NOT MAIL

City State Zip Code
LEXINGTON MA 02421-8044

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 29 / 2011

Transaction ID: SA11.186437

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD MONAGHAN

Mailing Address 2 ALEXANDRA WAY

City State Zip Code
HINGHAM MA 02043-1952

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2011

Transaction ID: SA11.186448

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARSHALL P. MORSE

Mailing Address 990 N WOODSTOCK RD

City State Zip Code
SOUTHBRIDGE MA 01550-2924

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

Name of Employer Occupation
MORSE LUMBER INC LUMBER MAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2011

Transaction ID: SA11.186460

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 15500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 45

(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)
MR. FREDERICK MUZI

Mailing Address 10 POWISSET ST

City State Zip Code
DOVER MA 02030-1601

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 1 1

Transaction ID: SA11.186412

Amount of Each Receipt this Period

6000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MICHAEL PRISCO

Mailing Address 12 BISHOPS WAY

City State Zip Code
NORTH READING MA 01864-1923

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

Name of Employer Occupation
SELF EMPLOYED HEALTH AND FITNESS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 1 1

Transaction ID: SA11.186426

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ALFRED ROSSOW

Mailing Address 105 KODIAK WAY
#2211

City State Zip Code
WALTHAM MA 02451-0258

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

Name of Employer Occupation
TULLY & HOLLAND, INC. CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11.186170

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 45
	<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) DIANNA SMITH	Date of Receipt MM / DD / YYYY 08 / 19 / 2011
	Mailing Address 94 NEWBURY AVE #314	Transaction ID: SA11.186339
	City QUINCY State MA Zip Code 02171-1958	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer BMC Occupation REGISTERED NURSE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 405.00	

B.	Full Name (Last, First, Middle Initial) JAY SUSSMAN	Date of Receipt MM / DD / YYYY 08 / 16 / 2011
	Mailing Address 26 MICHELLE LN P.O. BOX 225	Transaction ID: SA11.186261
	City RANDOLPH State MA Zip Code 02368-1527	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00	

C.	Full Name (Last, First, Middle Initial) MR. JAMES VINCENT	Date of Receipt MM / DD / YYYY 08 / 29 / 2011
	Mailing Address 7 AUDUBON RD	Transaction ID: SA11.186439
	City WESTON State MA Zip Code 02493-1160	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer RETIRED-BIOGEN Occupation RETIRED- CHAIRMAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional)	5125.00
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 / 45
	(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) HENRY WEAVER		Date of Receipt MM / DD / YYYY 08 / 08 / 2011
Mailing Address 37 BASKIN RD		Transaction ID: SA11.186183
City LEXINGTON	State MA	Zip Code 02421-6928
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation LAWYER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) LINNEA WILLMAN		Date of Receipt MM / DD / YYYY 08 / 23 / 2011
Mailing Address 237 MAIN ST APT. A6 DO NOT CALL		Transaction ID: SA11.186378
City READING	State MA	Zip Code 01867-3605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer UNEMPLOYED	Occupation UNEMPLOYED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	46172.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 45
(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)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 2ND ST NE

City State Zip Code
WASHINGTON DC 20002-4914

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2011

Transaction ID: SA11.186248

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MATTHEW CASTALDO	Transaction ID: SB.56 Date of Disbursement 08 / 01 / 2011
	Mailing Address 83 SUMMIT RIDGE	
	City BRAINTREE State MA Zip Code 02184	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement COMMUNICATIONS CONSULTANT - PARTY ONLY	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MATTHEW CASTALDO	Transaction ID: SB.57 Date of Disbursement 08 / 09 / 2011
	Mailing Address 83 SUMMIT RIDGE	
	City BRAINTREE State MA Zip Code 02184	Amount of Each Disbursement this Period 157.95
	Purpose of Disbursement REIMBURSEMENT - MILEAGE	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BOWDOIN SQAURE EXXON	Transaction ID: SB.88 Date of Disbursement 08 / 09 / 2011
	Mailing Address 239 CAMBRIDGE ST	
	City BOSTON State MA Zip Code 02114	Amount of Each Disbursement this Period 157.95
	Purpose of Disbursement MILEAGE	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1315.90
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MATTHEW CASTALDO <hr/> Mailing Address 83 SUMMIT RIDGE <hr/> City BRAINTREE State MA Zip Code 02184 Purpose of Disbursement REIMBURSEMENT - MILEAGE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.58 Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2011	
	Amount of Each Disbursement this Period _____ 343.65		
B.	Full Name (Last, First, Middle Initial) BOWDOIN SQAURE EXXON <hr/> Mailing Address 239 CAMBRIDGE ST <hr/> City BOSTON State MA Zip Code 02114 Purpose of Disbursement MILEAGE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.89 Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2011	
	Amount of Each Disbursement this Period _____ 343.65		X
C.	Full Name (Last, First, Middle Initial) MATTHEW CASTALDO <hr/> Mailing Address 83 SUMMIT RIDGE <hr/> City BRAINTREE State MA Zip Code 02184 Purpose of Disbursement REIMBURSEMENT - MILEAGE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.59 Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2011	
	Amount of Each Disbursement this Period _____ 501.60		

SUBTOTAL of Disbursements This Page (optional)	1188.90
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 18 / 45

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

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

A.	Full Name (Last, First, Middle Initial) AMANDA CODY Mailing Address 73 ABBOTT AVENUE City EVERETT State MA Zip Code 02149 Purpose of Disbursement REIMBURSEMENT - STORAGE KEY REPLACEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.3 Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2011	Amount of Each Disbursement this Period 25.00
B.	Full Name (Last, First, Middle Initial) CHARLESTOWN SELF STORAGE Mailing Address 50 TERMINAL ST. City CHARLESTOWN State MA Zip Code 02129 Purpose of Disbursement STORAGE KEY REPLACEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.85 Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2011	Amount of Each Disbursement this Period 25.00
C.	Full Name (Last, First, Middle Initial) AMANDA CODY Mailing Address 73 ABBOTT AVENUE City EVERETT State MA Zip Code 02149 Purpose of Disbursement REIMBURSEMENT - PHONE AND POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.4 Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2011	Amount of Each Disbursement this Period 112.66

SUBTOTAL of Disbursements This Page (optional)	162.66
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
A.I.M. MUTUAL INSURANCE CO.

Mailing Address P.O. 4070

City BURLINGTON State MA Zip Code 01803-0-97

Purpose of Disbursement
INSURANCE BILL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.2

Date of Disbursement

08 / 02 / 2011

Amount of Each Disbursement this Period

951.00

B. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101--127

Purpose of Disbursement
CONTRIBUTION REVENUE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.10

Date of Disbursement

08 / 12 / 2011

Amount of Each Disbursement this Period

600.00

C. Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101--127

Purpose of Disbursement
CONTRIBUTION REVENUE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.11

Date of Disbursement

08 / 19 / 2011

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional) ▶

1576.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 45

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

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

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.12 Date of Disbursement
	Mailing Address P.O. BOX 1270	<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City NEWARK State NJ Zip Code 07101--127	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REVENUE	<input type="text" value="150.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.13 Date of Disbursement
	Mailing Address P.O. BOX 1270	<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City NEWARK State NJ Zip Code 07101--127	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REVENUE	<input type="text" value="110.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.14 Date of Disbursement
	Mailing Address P.O. BOX 1270	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City NEWARK State NJ Zip Code 07101--127	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REVENUE	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="760.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 45

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

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

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.15 Date of Disbursement
	Mailing Address P.O. BOX 1270	<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City NEWARK State NJ Zip Code 07101--127	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REVENUE	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.5 Date of Disbursement
	Mailing Address P.O. BOX 1270	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City NEWARK State NJ Zip Code 07101--127	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTIONS REVENUE	<input type="text" value="385.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.6 Date of Disbursement
	Mailing Address P.O. BOX 1270	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City NEWARK State NJ Zip Code 07101--127	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REVENUE	<input type="text" value="100.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1485.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 45

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101--127</p> <p>Purpose of Disbursement CC PROCESSING FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.7 Date of Disbursement 08 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 30.54</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101--127</p> <p>Purpose of Disbursement CONTRIBUTION REVENUE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.8 Date of Disbursement 08 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101--127</p> <p>Purpose of Disbursement CONTRIBUTION REVENUE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.9 Date of Disbursement 08 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 25.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

105.54

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) AUTHORIZE.NET Mailing Address P.O. BOX 8999 City SAN FRANCISCO State CA Zip Code 94128 Purpose of Disbursement CC PROCESSING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.16 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 5.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) AUTHORIZE.NET Mailing Address P.O. BOX 8999 City SAN FRANCISCO State CA Zip Code 94128 Purpose of Disbursement CC PROCESSING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.17 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 20.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) AUTHORIZE.NET Mailing Address P.O. BOX 8999 City SAN FRANCISCO State CA Zip Code 94128 Purpose of Disbursement CC PROCESSING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.18 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 15.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	40.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK <hr/> Mailing Address PO BOX 25118 <hr/> City TAMPA State FL Zip Code 33622 <hr/> Purpose of Disbursement CC PROCESSING FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.19 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">49.99</td> </tr> </table> <hr/> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1	1	49.99
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	1	1														
49.99																							
B.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK <hr/> Mailing Address PO BOX 25118 <hr/> City TAMPA State FL Zip Code 33622 <hr/> Purpose of Disbursement CC PROCESSING FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.20 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">75.00</td> </tr> </table> <hr/> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1	1	75.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	1	1														
75.00																							
C.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK <hr/> Mailing Address PO BOX 25118 <hr/> City TAMPA State FL Zip Code 33622 <hr/> Purpose of Disbursement CC PROCESSING FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.21 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">74.99</td> </tr> </table> <hr/> Category/ Type	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1	1	74.99
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	1	1														
74.99																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="text-align: right;">199.98</td> </tr> </table>	199.98
199.98		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="text-align: right;"> </td> </tr> </table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK	Transaction ID: SB.27 Date of Disbursement
	Mailing Address PO BOX 25118	<input type="text" value="08"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City TAMPA State FL Zip Code 33622	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK PROCESSING FEE	<input type="text" value="25.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BFSDANIELS	Transaction ID: SB.22 Date of Disbursement
	Mailing Address 12 CHANNEL STREET	<input type="text" value="08"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City BOSTON State MA Zip Code 02210	Amount of Each Disbursement this Period
	Purpose of Disbursement EVENT INVITATIONS - PARTY ONLY	<input type="text" value="196.56"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BFSDANIELS	Transaction ID: SB.23 Date of Disbursement
	Mailing Address 12 CHANNEL STREET	<input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City BOSTON State MA Zip Code 02210	Amount of Each Disbursement this Period
	Purpose of Disbursement EVENT INVITATIONS - PARTY ONLY	<input type="text" value="1062.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1284.06"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BYTEBULB	Transaction ID: SB.24
	Mailing Address PO BOX 51896	Date of Disbursement MM / DD / YYYY 08 / 16 / 2011
	City BOSTON State MA Zip Code 02205	Amount of Each Disbursement this Period 561.50
	Purpose of Disbursement OFFICE EXPENSE - INTRANET	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHARLESTOWN SELF STORAGE	Transaction ID: SB.25
	Mailing Address 50 TERMINAL ST.	Date of Disbursement MM / DD / YYYY 08 / 02 / 2011
	City CHARLESTOWN State MA Zip Code 02129	Amount of Each Disbursement this Period 312.00
	Purpose of Disbursement STORAGE RENTAL COST	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB.26
	Mailing Address 7704 LEESBURG PIKE	Date of Disbursement MM / DD / YYYY 08 / 12 / 2011
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period 950.00
	Purpose of Disbursement COMPUTER SOFTWARE BILL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1823.50

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.28 Date of Disbursement 08 / 01 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 110.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTION REVENUE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.29 Date of Disbursement 08 / 01 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 269.31
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CC PROCESSING FEE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.30 Date of Disbursement 08 / 02 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 617.78
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTION REVENUE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	997.09
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.31 Date of Disbursement 08 / 04 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 50.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTION REVENUE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.32 Date of Disbursement 08 / 05 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 45.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTION REVENUE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.33 Date of Disbursement 08 / 10 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 120.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTION REVENUE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	215.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELAVON Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 City ATLANTA State GA Zip Code 30328 Purpose of Disbursement CONTRIBUTION REVENUE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.34 Date of Disbursement 08 / 11 / 2011	Amount of Each Disbursement this Period 135.00
B.	Full Name (Last, First, Middle Initial) ELAVON Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 City ATLANTA State GA Zip Code 30328 Purpose of Disbursement CONTRIBUTION REVENUE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.35 Date of Disbursement 08 / 17 / 2011	Amount of Each Disbursement this Period 290.00
C.	Full Name (Last, First, Middle Initial) ELAVON Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 City ATLANTA State GA Zip Code 30328 Purpose of Disbursement CONTRIBUTION REVENUE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.36 Date of Disbursement 08 / 17 / 2011	Amount of Each Disbursement this Period 212.00

SUBTOTAL of Disbursements This Page (optional) ▶

637.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.37 Date of Disbursement 08 / 19 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 175.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTION REVENUE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.38 Date of Disbursement 08 / 22 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 75.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTION REVENUE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB.39 Date of Disbursement 08 / 22 / 2011
	Mailing Address ONE CONCOURSE PARKWAY, SUITE 300	Amount of Each Disbursement this Period 50.00
	City ATLANTA State GA Zip Code 30328	
	Purpose of Disbursement CONTRIBUTION REVENUE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 <hr/> City ATLANTA State GA Zip Code 30328 <hr/> Purpose of Disbursement CONTRIBUTION REVENUE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.40 Date of Disbursement 08 / 24 / 2011 <hr/> Amount of Each Disbursement this Period 55.00
B.	Full Name (Last, First, Middle Initial) ELAVON <hr/> Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 <hr/> City ATLANTA State GA Zip Code 30328 <hr/> Purpose of Disbursement CONTRIBUTION REVENUE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.41 Date of Disbursement 08 / 29 / 2011 <hr/> Amount of Each Disbursement this Period 60.00
C.	Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address P.O. BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250--746 <hr/> Purpose of Disbursement SHIPPING Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB.42 Date of Disbursement 08 / 02 / 2011 <hr/> Amount of Each Disbursement this Period 49.72

SUBTOTAL of Disbursements This Page (optional) ▶	164.72
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) FEDEX Mailing Address P.O. BOX 371461 City PITTSBURGH State PA Zip Code 15250--746 Purpose of Disbursement SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.43 Date of Disbursement 08 / 09 / 2011
	Amount of Each Disbursement this Period 69.24
B. Full Name (Last, First, Middle Initial) FEDEX Mailing Address P.O. BOX 371461 City PITTSBURGH State PA Zip Code 15250--746 Purpose of Disbursement SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.44 Date of Disbursement 08 / 16 / 2011
	Amount of Each Disbursement this Period 34.75
C. Full Name (Last, First, Middle Initial) FEDEX Mailing Address P.O. BOX 371461 City PITTSBURGH State PA Zip Code 15250--746 Purpose of Disbursement SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.45 Date of Disbursement 08 / 23 / 2011
	Amount of Each Disbursement this Period 30.15

SUBTOTAL of Disbursements This Page (optional) ▶

134.14

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) FEDEX	Transaction ID: SB.46 Date of Disbursement 08 / 26 / 2011
	Mailing Address P.O. BOX 371461	
	City PITTSBURGH State PA Zip Code 15250--746	Amount of Each Disbursement this Period 14.97
	Purpose of Disbursement SHIPPING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FLS CONNECT	Transaction ID: SB.47 Date of Disbursement 08 / 09 / 2011
	Mailing Address 7300 HUDSON BLVD. STE.270	
	City S. PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period 88.20
	Purpose of Disbursement 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) ▼

C.	Full Name (Last, First, Middle Initial) FLS CONNECT	Transaction ID: SB.48 Date of Disbursement 08 / 16 / 2011
	Mailing Address 7300 HUDSON BLVD. STE.270	
	City S. PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period 5347.47
	Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5450.64

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GO DADDY.COM	Transaction ID: SB.49 Date of Disbursement 08 / 19 / 2011
	Mailing Address 14455 N HAYDEN RD	Amount of Each Disbursement this Period 12.17
	City SCOTTSDALE State AZ Zip Code 85260	
	Purpose of Disbursement WEBSITE EXPENSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GO DADDY.COM	Transaction ID: SB.50 Date of Disbursement 08 / 29 / 2011
	Mailing Address 14455 N HAYDEN RD	Amount of Each Disbursement this Period 12.17
	City SCOTTSDALE State AZ Zip Code 85260	
	Purpose of Disbursement WEBSITE EXPENSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GO DADDY.COM	Transaction ID: SB.51 Date of Disbursement 08 / 30 / 2011
	Mailing Address 14455 N HAYDEN RD	Amount of Each Disbursement this Period 9.17
	City SCOTTSDALE State AZ Zip Code 85260	
	Purpose of Disbursement WEBSITE EXPENSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

33.51

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ICONACT</p> <p>Mailing Address 5221 PARAMOUNT PARKWAY</p> <p>City MORRISVILLE State NC Zip Code 27560</p> <p>Purpose of Disbursement SOCIAL MEDIA BILL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.52</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="149.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) INTUIT QB ONLINE</p> <p>Mailing Address 2700 COAST AVENUE</p> <p>City MOUNTAIN VIEW State CA Zip Code 94943</p> <p>Purpose of Disbursement ACCOUNTING SYSTEM FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.53</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37.13"/></p>
<p>C. Full Name (Last, First, Middle Initial) KAUPPI COMMUNICATIONS</p> <p>Mailing Address PO BOX 152</p> <p>City WEST GROTON State MA Zip Code 01472</p> <p>Purpose of Disbursement PUBLIC RELATIONS CONSULTANT - PARTY ONLY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.54</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3186.13"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC ST
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
OVER - CONTRIBUTION HOLT MASSEY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.55

Date of Disbursement

08 / 29 / 2011

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
MATTHEW P. KESWICK / KESWICK CONSULTING

Mailing Address 231 VICTORY ROAD

City QUINCY State MA Zip Code 02171

Purpose of Disbursement
STRATEGY CONSULTING- PARTY ONLY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.61

Date of Disbursement

08 / 29 / 2011

Amount of Each Disbursement this Period

3000.00

C. Full Name (Last, First, Middle Initial)
MERCHANTS BANKCARDS

Mailing Address 1700 N DIXIE HIGHWAY

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
CC PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.62

Date of Disbursement

08 / 03 / 2011

Amount of Each Disbursement this Period

27.45

SUBTOTAL of Disbursements This Page (optional) ►

8027.45

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) MERCHANTS BANKCARDS Mailing Address 1700 N DIXIE HIGHWAY City BOCA RATON State FL Zip Code 33432 Purpose of Disbursement CC PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.63 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 57.45 Category/Type

B. Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES Mailing Address 117 SOUTH 14TH ST. S City RICHMOND State VA Zip Code 23219 Purpose of Disbursement RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.64 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 4434.00 Category/Type

C. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.65 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1865.25 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	6356.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement NET PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.66 Date of Disbursement 08 / 03 / 2011
	Amount of Each Disbursement this Period 5131.56

B. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL SERVICE FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.67 Date of Disbursement 08 / 03 / 2011
	Amount of Each Disbursement this Period 41.60

C. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL SERVICE FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB.68 Date of Disbursement 08 / 17 / 2011
	Amount of Each Disbursement this Period 45.75

SUBTOTAL of Disbursements This Page (optional) ▶	5218.91
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES	Transaction ID: SB.69
	Mailing Address 468 GREAT ROAD	Date of Disbursement 08 / 17 / 2011
	City ACTON State MA Zip Code 01720	Amount of Each Disbursement this Period 3466.33
	Purpose of Disbursement PAYROLL TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES	Transaction ID: SB.70
	Mailing Address 468 GREAT ROAD	Date of Disbursement 08 / 17 / 2011
	City ACTON State MA Zip Code 01720	Amount of Each Disbursement this Period 7700.28
	Purpose of Disbursement NET PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES	Transaction ID: SB.71
	Mailing Address 468 GREAT ROAD	Date of Disbursement 08 / 31 / 2011
	City ACTON State MA Zip Code 01720	Amount of Each Disbursement this Period 7700.28
	Purpose of Disbursement NET PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ► **18866.89**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.72 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 3466.33

B. Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES Mailing Address 468 GREAT ROAD City ACTON State MA Zip Code 01720 Purpose of Disbursement PAYROLL PROCESSING FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.73 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 43.25

C. Full Name (Last, First, Middle Initial) PIRYX, INC. Mailing Address 01 W 15TH STREET City AUSTIN State TX Zip Code 78710 Purpose of Disbursement CONTRIBUTION REVENUE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.74 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 71.81

SUBTOTAL of Disbursements This Page (optional) ▶	3581.39
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.75
	Mailing Address 01 W 15TH STREET	Date of Disbursement 08 / 01 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 33.51
	Purpose of Disbursement CONTRIBUTIONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.76
	Mailing Address 01 W 15TH STREET	Date of Disbursement 08 / 03 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 282.45
	Purpose of Disbursement CONTRIBUTIONS REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.77
	Mailing Address 01 W 15TH STREET	Date of Disbursement 08 / 04 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 71.81
	Purpose of Disbursement CONTRIBUTION REVENUE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	387.77
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.78
	Mailing Address 01 W 15TH STREET	Date of Disbursement 08 / 05 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 71.81
	Purpose of Disbursement CONTRIBUTION REVENUE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) PIRYX, INC.	Transaction ID: SB.79
	Mailing Address 01 W 15TH STREET	Date of Disbursement 08 / 31 / 2011
	City AUSTIN State TX Zip Code 78710	Amount of Each Disbursement this Period 119.68
	Purpose of Disbursement CONTRIBUTIONS REVENUE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) POLAND SPRING	Transaction ID: SB.80
	Mailing Address P.O. BOX 856192	Date of Disbursement 08 / 16 / 2011
	City LOUISVILLE State KY Zip Code 40285-619	Amount of Each Disbursement this Period 72.70
	Purpose of Disbursement BOTTLED WATER EXPENSE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	264.19
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 44 / 45

<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) SILVESTER MANAGEMENT COMPANY Mailing Address PO BOX 968 City IRMO State SC Zip Code 29063 Purpose of Disbursement CONFERENCE FEE: FEDERAL CAMPAIGN LAWS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.81 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">525.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	1	1	525.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	8		2	0	1	1														
525.00																							
B.	Full Name (Last, First, Middle Initial) STAPLES Mailing Address PO BOX 689020 City DES MOINES State IA Zip Code 50368--902 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: SB.82 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">188.51</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	1	1	188.51
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	4		2	0	1	1														
188.51																							
C.	Full Name (Last, First, Middle Initial) US POST OFFICE Mailing Address JFK STATION City BOSTON State MA Zip Code 02114 Purpose of Disbursement POSTAGE BILL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.83 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">16.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	1	1	16.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	9		2	0	1	1														
16.00																							

SUBTOTAL of Disbursements This Page (optional) ▶

729.51

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 45 / 45

<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 PHONE

Mailing Address PO BOX 1100

City ALBANY State NY Zip Code 12250-0000

Purpose of Disbursement
PHONE BILL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.84

Date of Disbursement

08 / 09 / 2011

Amount of Each Disbursement this Period

655.21

SUBTOTAL of Disbursements This Page (optional)

655.21

TOTAL This Period (last page this line number only)

66496.05