

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2008 through 05 31 2008

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 06 11 2009

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		14344.34
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	15299.06									
(c) Total Receipts (from Line 19) .....	58543.00	368398.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	73842.06	382742.76								
7. Total Disbursements (from Line 31) .....	46229.61	355130.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	27612.45	27612.45								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	40907.28									

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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	37100.00	254760.00
(i) Itemized (use Schedule A) .....	21028.00	101688.50
(ii) Unitemized .....	58128.00	356448.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	415.00	10415.00
(c) Other Political Committees (such as PACs) .....	58543.00	366863.50
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	1534.92
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)) .....	58543.00	368398.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	58543.00	368398.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	30955.91	279917.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	30955.91	279917.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	15273.70	60213.22
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	15273.70	60213.22
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	46229.61	355130.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46229.61	355130.31

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	58543.00	366863.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58543.00	366863.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30955.91	279917.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1534.92
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	30955.91	278382.17

Form/Schedule : **F3XA**

Transaction ID :

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 46  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)  
Knute Aarsheim

Mailing Address 305 Delano Rd

City Marion State MA Zip Code 02738

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

Name of Employer Act I, Inc. Occupation Fisherman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 08 / 2008  
**Transaction ID:** 80516.C169476  
 Amount of Each Receipt this Period 200.00  
 Receipt

**B.**

Full Name (Last, First, Middle Initial)  
J Scott Abercrombie

Mailing Address 307 Goddard Ave

City Brookline State MA Zip Code 02445

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2008  
**Transaction ID:** 80516.C169415  
 Amount of Each Receipt this Period 250.00  
 Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Maria Alves

Mailing Address 45 Hollyhock St.

City New Bedford State MA Zip Code 02740

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

Name of Employer Seven Hills Corp. Occupation Caseworker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 29 / 2008  
**Transaction ID:** 80613.C169759  
 Amount of Each Receipt this Period 400.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**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 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Carlos Andrade

Mailing Address 5 Fox Hollow Ln.

City State Zip Code  
Sharon MA 02067

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

Name of Employer Self-Employed Occupation  
Owner, Dunkin Donuts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2008

Transaction ID: 80613.C169756

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Dennis Badore

Mailing Address 8 Oceanside Drive

City State Zip Code  
Scituate MA 02066-2917

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 ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2008

Transaction ID: 80516.C169349

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Philip Baroni

Mailing Address 14 Split Rock Rd.

City State Zip Code  
Dennis MA 02638

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

Name of Employer Self Employed Occupation  
Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: 80516.C169611

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **950.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Eleanor Berg

Mailing Address 276 Marlborough Street  
Apartment 6

City Boston State MA Zip Code 02116-1766

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 ▼ 200.00

Date of Receipt 05 / 09 / 2008  
Transaction ID: 80516.C169518  
Amount of Each Receipt this Period 200.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Stephen Binder

Mailing Address PO Box 286

City Lincoln State MA Zip Code 01773

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

Name of Employer Fidelity Investments Occupation Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 07 / 2008  
Transaction ID: 80516.C169462  
Amount of Each Receipt this Period 5000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Henry Coz

Mailing Address 10 South Street  
PO Box 282

City Grafton State MA Zip Code 01519-0282

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

Name of Employer PolyFoam Corp Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2008  
Transaction ID: 80516.C169533  
Amount of Each Receipt this Period 500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5700.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) John Cramer</p> <p>Mailing Address 23 Keel Way</p> <p>City Mashpee State MA Zip Code 02649</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">100.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 06 / 2008</span></p> <p><b>Transaction ID:</b> 80516.C169424</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) John Cramer</p> <p>Mailing Address 23 Keel Way</p> <p>City Mashpee State MA Zip Code 02649</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">200.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 16 / 2008</span></p> <p><b>Transaction ID:</b> 80516.C169661</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Jimmy Dishner</p> <p>Mailing Address PO Box 955 44 Heritage Drive</p> <p>City Orleans State MA Zip Code 02662</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed Occupation Consultant</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">200.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 09 / 2008</span></p> <p><b>Transaction ID:</b> 80516.C169517</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">300.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Dumont  
Mailing Address 7 Great Pond Way  
City Sterling State MA Zip Code 01564  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 02 / 2008  
Transaction ID: 80516.C169351  
Amount of Each Receipt this Period 250.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mazen Eneyni  
Mailing Address 536 Washington St  
City Abington State MA Zip Code 02351  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 08 / 2008  
Transaction ID: 80516.C169509  
Amount of Each Receipt this Period 300.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
John Gerstmayr  
Mailing Address 131 Glen Road  
City Wellesley State MA Zip Code 02481  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ropes & Gray Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 01 / 2008  
Transaction ID: 80516.C169325  
Amount of Each Receipt this Period 500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dola Hamilton Stemberg  
Mailing Address 5 Louisburg Square  
City Boston State MA Zip Code 02108-1202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer At Home Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00  
Date of Receipt 05 / 16 / 2008  
Transaction ID: 80516.C169672  
Amount of Each Receipt this Period 10000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Thomas Hazen  
Mailing Address 17 College View Hts  
City South Hadley State MA Zip Code 01075  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hazen Paper Company Occupation Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 05 / 15 / 2008  
Transaction ID: 80516.C169651  
Amount of Each Receipt this Period 250.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dennis Hickey  
Mailing Address 247 Hathaway Commons Rd.  
City Fall River State MA Zip Code 02720  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00  
Date of Receipt 05 / 29 / 2008  
Transaction ID: 80613.C169751  
Amount of Each Receipt this Period 200.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10450.00  
**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 / 46  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Arthur Hilsinger

Mailing Address 8 Jackson Pond Rd.

City State Zip Code  
Dedham MA 02026

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2008

Transaction ID: 80516.C169420

Amount of Each Receipt this Period  
500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
George Hoguet

Mailing Address 17 Chesam Rd.

City State Zip Code  
Brookline MA 02146

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

Name of Employer State Street Global Advisors Occupation Portfolio Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: 80613.C169782

Amount of Each Receipt this Period  
4000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Linda Jewell

Mailing Address 11 Dover Circle

City State Zip Code  
Franklin MA 02038

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: 80516.C169645

Amount of Each Receipt this Period  
100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 46

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gregory Kamon

Mailing Address PO Box 204  
DO NOT MAIL

City State Zip Code  
Rochester MA 02770

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt

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

Transaction ID: 80516.C169613

Amount of Each Receipt this Period

200.00

Receipt

**B.**

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

Mailing Address 162 Pond Street

City State Zip Code  
Ashland MA 01721

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

Name of Employer Self Employed Occupation Builder

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

Date of Receipt

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

Transaction ID: 80516.C169653

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Matthew Keswick

Mailing Address 231 Victory Road

City State Zip Code  
North Quincy MA 02171

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

Name of Employer Keswick Consulting Occupation President

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

Date of Receipt

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

Transaction ID: 80516.C169619

Amount of Each Receipt this Period

250.00

Receipt

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

550.00

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Geraldine LaPiana

Mailing Address 100 Railroad Ave

City State Zip Code  
North Eastham MA 02651

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

**Transaction ID:** 80516.C169421

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Samuel Lorusso

Mailing Address 45 Vineyard St.

City State Zip Code  
Falmouth MA 02536

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

Name of Employer Occupation  
Cape Cod Aggregates Corp. President & Treas.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2008

**Transaction ID:** 80516.C169463

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Peter Madras

Mailing Address 32 Montrose Street

City State Zip Code  
Newton MA 02458-2718

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

Name of Employer Occupation  
Beth Israel Deaconness Med Ctr Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2008

**Transaction ID:** 80516.C169429

Amount of Each Receipt this Period  
200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**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 16 / 46
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Manzone		Date of Receipt MM / DD / YYYY 05 / 29 / 2008		
	Mailing Address 28 Brook Dr.		Transaction ID: 80613.C169752		
	City Fairhaven	State MA	Zip Code 02719	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Bristol County Sherriff Office	Occupation Investigator	Aggregate Year-to-Date 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert McKnight		Date of Receipt MM / DD / YYYY 05 / 13 / 2008		
	Mailing Address 505 Palmer Ave		Transaction ID: 80516.C169545		
	City Falmouth	State MA	Zip Code 02540	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Self Employed	Occupation Publisher	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Jamie Melo		Date of Receipt MM / DD / YYYY 05 / 29 / 2008		
	Mailing Address 35 Emerald Dr.		Transaction ID: 80613.C169758		
	City Dartmouth	State MA	Zip Code 02747	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Information Requested	Occupation Information Requested	Aggregate Year-to-Date 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

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

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

Mailing Address ValleyHead Inc.  
PO Box 714

City Lenox State MA Zip Code 01240

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

Name of Employer Valleyhead Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 29 / 2008  
Transaction ID: 80613.C169701  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Walter Moniz

Mailing Address 73 Borden St.

City New Bedford State MA Zip Code 02740

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

Name of Employer City Of New Bedford Occupation Neighborhood Liason

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 29 / 2008  
Transaction ID: 80613.C169750  
Amount of Each Receipt this Period 200.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joseph Noonan

Mailing Address 28 Bridle Lane

City Scituate State MA Zip Code 02066

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

Name of Employer BinJ Laboratories, Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2008  
Transaction ID: 80516.C169617  
Amount of Each Receipt this Period 250.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 46  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Rodger Nordblom		Date of Receipt MM / DD / YYYY 05 / 21 / 2008
Mailing Address 200 Barnes Hill Rd.		<b>Transaction ID:</b> 80613.C169681
City Concord	State MA	Zip Code 01742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Nordblom Company	Occupation Real Estate Develop.	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Elizabeth Poirier		Date of Receipt MM / DD / YYYY 05 / 15 / 2008
Mailing Address 53 Ledgebrook Drive		<b>Transaction ID:</b> 80516.C169618
City North Attleboro	State MA	Zip Code 02760
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Commonwealth of Massachusetts	Occupation State Representative	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

**C.**

Full Name (Last, First, Middle Initial) Michael Potaski		Date of Receipt MM / DD / YYYY 05 / 06 / 2008
Mailing Address 24B Church Street		<b>Transaction ID:</b> 80516.C169422
City Linwood	State MA	Zip Code 01525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5350.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 19 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Robertson

Mailing Address 460 Front St.

City Marion State MA Zip Code 02738

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 08 / 2008  
Transaction ID: 80516.C169472  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
John Roush

Mailing Address 35 Old Planters Rd

City Beverly State MA Zip Code 01915

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

Name of Employer Perkinelmer Inc. Occupation Corporate Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2008  
Transaction ID: 80516.C169320  
Amount of Each Receipt this Period 250.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Yvonne Sandell

Mailing Address 43 Jonas Brown Circle

City Concord State MA Zip Code 01742

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

Name of Employer BAE Systems Occupation Electric Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2008  
Transaction ID: 80516.C169363  
Amount of Each Receipt this Period 500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 20 / 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Wadsworth

Mailing Address 99 Livingston Road

City State Zip Code  
Wellesley MA 02482

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

Name of Employer Occupation  
Harbourvest Partners Investments

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 8

Transaction ID: 80613.C169673

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	37100.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 46  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
April Flynn

Mailing Address PO Box 2671

City State Zip Code  
Attleboro MA 02763

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

Name of Employer Occupation  
Olsten Staffing Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2008

Transaction ID: 80516.C169595

Amount of Each Receipt this Period  
50.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Romney for President, Inc

Mailing Address PO Box 55239

City State Zip Code  
Boston MA 02205

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2008

Transaction ID: 80613.C169815

Amount of Each Receipt this Period  
365.00

In-Kind

Fundraising list rental - party related, non FEA

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	415.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	415.00

**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) SCM Associates	Transaction ID: 90513.E11253 Date of Disbursement 05 / 21 / 2008
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 1064.39
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement direct mail - party related non FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	DIRECT MAIL - PARTY RELA- TED NON FEA
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 80613.E10445 Date of Disbursement 05 / 21 / 2008
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 15.37
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Payment of debt for direct mail - party related non FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYMENT OF DEBT FOR DIRECT MAIL - PARTY RELATED NON FEA
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90513.E11252 Date of Disbursement 05 / 21 / 2008
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 13.11
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Payment of debt for direct mail - party related non FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYMENT OF DEBT FOR DIRECT MAIL - PARTY RELATED NON FEA
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1092.87
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) A.I.M. Mutual Insurance Co. Mailing Address 54 Third St. City Burlington State MA Zip Code 01803- Purpose of Disbursement Workmans Comp Insurance 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: 80613.E10394 Date of Disbursement 05 / 02 / 2008
	Amount of Each Disbursement this Period 1186.00 WORKMANS COMP INSURANCE

<b>B.</b> Full Name (Last, First, Middle Initial) Accountemps Mailing Address 12400 Collections Center Drive City Chicago State IL Zip Code 60693- Purpose of Disbursement Accounting 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: 80613.E10442 Date of Disbursement 05 / 21 / 2008
	Amount of Each Disbursement this Period 156.76 ACCOUNTING FEE

<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 2971 City Omaha State NE Zip Code 68103- Purpose of Disbursement Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80613.E10433 Date of Disbursement 05 / 21 / 2008
	Amount of Each Disbursement this Period 143.90 CELL PHONE

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

1486.66

**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)

PAGE 24 / 46

<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) Blue Cross Blue Shield of Massachusetts	Transaction ID: 80613.E10400 Date of Disbursement 05 / 13 / 2008
	Mailing Address Landmark Center 401 Park Drive	Amount of Each Disbursement this Period 3163.44
	City Boston State MA Zip Code 02215-	
	Purpose of Disbursement Health Insurance	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) ▼
		HEALTH INSURANCE

B.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 80613.E10434 Date of Disbursement 05 / 21 / 2008
	Mailing Address 39 Old Colony Ave.	Amount of Each Disbursement this Period 329.00
	City Boston State MA Zip Code 02127-	
	Purpose of Disbursement Storage	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) ▼
		STORAGE

C.	Full Name (Last, First, Middle Initial) Venus De milo	Transaction ID: 80613.E10401 Date of Disbursement 05 / 09 / 2008
	Mailing Address 75 Grand Army Highway	Amount of Each Disbursement this Period 4059.00
	City Swansea State MA Zip Code 02777-	
	Purpose of Disbursement Event room rental and catering for general Party event- non-FEA	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) ▼
		EVENT ROOM RENTAL AND CATERING FOR GENERAL PARTY EVENT- NON-FEA

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7551.44
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DirecTV DirecTV Mailing Address PO Box 60036 City Los Angeles State CA Zip Code 90060-0036 Purpose of Disbursement Cable Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80613.E10432 Date of Disbursement 05 / 21 / 2008	Amount of Each Disbursement this Period 91.95 CABLE SERVICE
B.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex) Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement Express Mail 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: 80613.E10439 Date of Disbursement 05 / 21 / 2008	Amount of Each Disbursement this Period 64.62 EXPRESS MAIL
C.	Full Name (Last, First, Middle Initial) Guardian Guardian Mailing Address Boston Group Office 1 Liberty Square City Boston State MA Zip Code 02109- Purpose of Disbursement Insurance 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: 80613.E10395 Date of Disbursement 05 / 01 / 2008	Amount of Each Disbursement this Period 556.21 INSURANCE

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

712.78

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 80613.E10399 Date of Disbursement 05 / 09 / 2008
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 182.53
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Reimbursement for travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR TRAVEL

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 80613.E10419 Date of Disbursement 05 / 19 / 2008
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 169.24
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Reimbursement for travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR TRAVEL

C.	Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 80613.E10398 Date of Disbursement 05 / 12 / 2008
	Mailing Address 43 Eastern Ave. Apt. 3	Amount of Each Disbursement this Period 700.00
	City Lynn State MA Zip Code 01902-	
	Purpose of Disbursement Internship 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) ▼
		INTERNSHIP

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1051.77
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brett Kasper</p> <p>Mailing Address 43 Eastern Ave. Apt. 3</p> <p>City Lynn State MA Zip Code 01902-</p> <p>Purpose of Disbursement Reimbursement for food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.E10420 <b>Date of Disbursement</b> 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><b>REIMBURSEMENT FOR FOOD</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brett Kasper</p> <p>Mailing Address 43 Eastern Ave. Apt. 3</p> <p>City Lynn State MA Zip Code 01902-</p> <p>Purpose of Disbursement Internship</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.E10415 <b>Date of Disbursement</b> 05 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 700.00</p> <p><b>INTERNSHIP</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Barney Keller</p> <p>Mailing Address 187 Lewis Rd.</p> <p>City Belmont State MA Zip Code 02478-</p> <p>Purpose of Disbursement Cell Phone Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.E10397 <b>Date of Disbursement</b> 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 150.69</p> <p><b>CELL PHONE REIMBURSEMENT</b></p>

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

880.69

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Barney Keller</p> <p>Mailing Address 187 Lewis Rd.</p> <p>City Belmont State MA Zip Code 02478-</p> <p>Purpose of Disbursement Travel Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.E10417 <b>Date of Disbursement</b> 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 189.84</p> <p>TRAVEL REIMBURSEMENT</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Barney Keller</p> <p>Mailing Address 187 Lewis Rd.</p> <p>City Belmont State MA Zip Code 02478-</p> <p>Purpose of Disbursement Parking Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.E10418 <b>Date of Disbursement</b> 05 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 49.80</p> <p>PARKING REIMBURSEMENT</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Barney Keller</p> <p>Mailing Address 187 Lewis Rd.</p> <p>City Belmont State MA Zip Code 02478-</p> <p>Purpose of Disbursement Reimbursement for phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.E10430 <b>Date of Disbursement</b> 05 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 194.43</p> <p>REIMBURSEMENT FOR PHONE</p>

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

**434.07**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 80613.E10471 Date of Disbursement MM / DD / YYYY 05 / 01 / 2008
	Mailing Address Fleet Bank 100 Federal Street City Boston State MA Zip Code 02110-
Purpose of Disbursement Credit Card Fee Candidate Name	Amount of Each Disbursement this Period 169.89
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) ▼
Category/Type CREDIT CARD FEE	

<b>B.</b> Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 80613.E10472 Date of Disbursement MM / DD / YYYY 05 / 01 / 2008
	Mailing Address Fleet Bank 100 Federal Street City Boston State MA Zip Code 02110-
Purpose of Disbursement Credit Card Fee Candidate Name	Amount of Each Disbursement this Period 25.00
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) ▼
Category/Type CREDIT CARD FEE	

<b>C.</b> Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 80613.E10476 Date of Disbursement MM / DD / YYYY 05 / 05 / 2008
	Mailing Address Fleet Bank 100 Federal Street City Boston State MA Zip Code 02110-
Purpose of Disbursement Credit Card Fee Candidate Name	Amount of Each Disbursement this Period 55.00
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) ▼
Category/Type CREDIT CARD FEE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	249.89
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Konica Minolta Business Systems</p> <p>Mailing Address P.O. Box 7247-0322</p> <p>City Philadelphia State PA Zip Code 19170-0322</p> <p>Purpose of Disbursement Copier</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><b>Transaction ID:</b> 80613.E10436</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="708.76"/></p> <p><b>COPIER</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex/InterPay</p> <p>Mailing Address PO Box 8295</p> <p>City Boston State MA Zip Code 02266-</p> <p>Purpose of Disbursement Payroll Tax</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><b>Transaction ID:</b> 80613.E10407</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2426.75"/></p> <p><b>PAYROLL TAX</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex/InterPay</p> <p>Mailing Address PO Box 8295</p> <p>City Boston State MA Zip Code 02266-</p> <p>Purpose of Disbursement Payroll 401k</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><b>Transaction ID:</b> 80613.E10408</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1153.85"/></p> <p><b>PAYROLL 401K</b></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll 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: 80613.E10396 Date of Disbursement 05 / 12 / 2008
	Amount of Each Disbursement this Period 269.20
	Category/ Type PAYROLL PROCESSING FEE
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 2595.27	Category/ Type PAYROLL TAX
Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll 401k Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80613.E10414 Date of Disbursement 05 / 15 / 2008
Amount of Each Disbursement this Period 499.98	Category/ Type PAYROLL 401K

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3364.45</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 46

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement 401k 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: 80613.E10402 Date of Disbursement 05 / 16 / 2008
	Amount of Each Disbursement this Period 160.00
	Category/ Type 401K FEE
	Purpose of Disbursement 401k Fee

<b>B.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Tax 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: 80613.E10426 Date of Disbursement 05 / 29 / 2008
	Amount of Each Disbursement this Period 2736.30
	Category/ Type PAYROLL TAX
	Purpose of Disbursement Payroll Tax

<b>C.</b> Full Name (Last, First, Middle Initial) Boston Postmaster Mailing Address JW MCCORMACK STATION New Chardon Street City Boston State MA Zip Code 02114- Purpose of Disbursement General postage - party related non FEA 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: 80613.E10431 Date of Disbursement 05 / 21 / 2008
	Amount of Each Disbursement this Period 420.00
	Category/ Type GENERAL POSTAGE - PARTY RELATED NON FEA
	Purpose of Disbursement General postage - party related non FEA

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

**3316.30**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jodys Quik Print</p> <p>Mailing Address P.O. Box 1068</p> <p>City Middleleton State MA Zip Code 01949-</p> <p>Purpose of Disbursement General printing - party related non-FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.E10443 <b>Date of Disbursement:</b> 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 420.63</p> <p>GENERAL PRINTING - PARTY RELATED NON-FEA</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Romney for President, Inc</p> <p>Mailing Address PO Box 55239</p> <p>City Boston State MA Zip Code 02205-</p> <p>Purpose of Disbursement Fundraising list rental - party related non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.C169815IK <b>Date of Disbursement:</b> 05 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 365.00</p> <p>IN KIND: FUNDRAISING LIST RENTAL - PARTY RELATED NON FEA</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Staples, Inc.</p> <p>Mailing Address Staples Credit Plan Dept. 80 - 0088936796</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.E10444 <b>Date of Disbursement:</b> 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 281.71</p> <p>OFFICE SUPPLIES</p>

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

1067.34

**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) News Service State House	Transaction ID: 80613.E10427 Date of Disbursement 05 / 28 / 2008
	Mailing Address 568 Washington St. Suite 24	Amount of Each Disbursement this Period 2652.00
	City Wellesley Hills State MA Zip Code 02181- Purpose of Disbursement Subscription 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) ▼	SUBSCRIPTION

B.	Full Name (Last, First, Middle Initial) T-Mobile T-Mobile	Transaction ID: 80613.E10441 Date of Disbursement 05 / 21 / 2008
	Mailing Address PO Box 790047	Amount of Each Disbursement this Period 158.43
	City Saint Louis State MO Zip Code 63179- Purpose of Disbursement Phone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE SERVICE

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 80613.E10440 Date of Disbursement 05 / 21 / 2008
	Mailing Address P.O. Box 1	Amount of Each Disbursement this Period 493.56
	City Worcester State MA Zip Code 01654- Purpose of Disbursement Phone 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) ▼	PHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3303.99
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Westford Westford <hr/> Mailing Address Office of Supt of Schools 23 Depot St. <hr/> City Westford State MA Zip Code 01886- <hr/> Purpose of Disbursement Rental Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80613.E10435 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 511.80 <hr/> RENTAL FEE
<b>B.</b> Full Name (Last, First, Middle Initial) Westin Copley Place <hr/> Mailing Address 10 Huntington Ave. <hr/> City Boston State MA Zip Code 02116- <hr/> Purpose of Disbursement Event location deposit for general Party event- non-FEA Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80613.E10416 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00 <hr/> EVENT LOCATION DEPOSIT FOR GENERAL PARTY EVENT- NON-FEA

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

2011.80

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

30813.41

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bruce Harrison	Transaction ID: 80613.E10429 Date of Disbursement 05 / 28 / 2008
	Mailing Address 101 Elm St	Amount of Each Disbursement this Period 212.00
	City Wakefield State MA Zip Code 01880-	
	Purpose of Disbursement FEA Reimbursement for postage H8MA 35	010 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) ▼
		FEA REIMBURSEMENT FOR POS- TAGE H8MA 35

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 80613.E10403 Date of Disbursement 05 / 01 / 2008
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1260.12
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 80613.E10409 Date of Disbursement 05 / 15 / 2008
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1260.12
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2732.24
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 80613.E10422
	Mailing Address 16 Oval Road	Date of Disbursement MM / DD / YYYY 05 / 29 / 2008
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1260.12
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	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) Barney Keller	Transaction ID: 80613.E10404
	Mailing Address 187 Lewis Rd.	Date of Disbursement MM / DD / YYYY 05 / 01 / 2008
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 1088.57
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	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) Barney Keller	Transaction ID: 80613.E10410
	Mailing Address 187 Lewis Rd.	Date of Disbursement MM / DD / YYYY 05 / 15 / 2008
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 1088.57
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3437.26</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 80613.E10423
	Mailing Address 187 Lewis Rd.	Date of Disbursement 05 / 29 / 2008
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 1088.57
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 80613.E10405
	Mailing Address 1 Stony Brook Road	Date of Disbursement 05 / 01 / 2008
	City Chelmsford State MA Zip Code 01863-	Amount of Each Disbursement this Period 802.24
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 80613.E10411
	Mailing Address 1 Stony Brook Road	Date of Disbursement 05 / 15 / 2008
	City Chelmsford State MA Zip Code 01863-	Amount of Each Disbursement this Period 1286.67
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3177.48
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 46

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peter Torkildsen</p> <p>Mailing Address 1 Stony Brook Road</p> <p>City Chelmsford State MA Zip Code 01863-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.E10424 <b>Date of Disbursement</b> 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1635.16</p> <p><b>PAYROLL</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert Willington</p> <p>Mailing Address 12 Arlington Street</p> <p>City Reading State MA Zip Code 01867-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.E10406 <b>Date of Disbursement</b> 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1430.52</p> <p><b>PAYROLL</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert Willington</p> <p>Mailing Address 12 Arlington Street</p> <p>City Reading State MA Zip Code 01867-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80613.E10412 <b>Date of Disbursement</b> 05 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1430.52</p> <p><b>PAYROLL</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4496.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 46

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

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

A.

Full Name (Last, First, Middle Initial)  
Robert Willington

Mailing Address 12 Arlington Street

City State Zip Code  
Reading MA 01867-

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80613.E10425

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1430.52

PAYROLL

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

1430.52

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

15273.70

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 9980.45	<b>Transaction ID:</b> LS90508.E11247	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9980.45

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

Outstanding Balance Beginning This Period 15.37	<b>Transaction ID:</b> LS80613.E10445	
Amount Incurred This Period 0.00	Payment This Period 15.37	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 13.11	<b>Transaction ID:</b> LS90513.E11252	
Amount Incurred This Period 0.00	Payment This Period 13.11	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	9980.45
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 42 / 46
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="300.00"/>	<b>Transaction ID:</b> LS90513.E11255	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="300.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="939.17"/>	<b>Transaction ID:</b> LS90513.E11256	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="939.17"/>

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

Outstanding Balance Beginning This Period <input type="text" value="3282.16"/>	<b>Transaction ID:</b> LS90513.E11259	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3282.16"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="4521.33"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 880.53	<b>Transaction ID:</b> LS90513.E11260	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 880.53

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> LS90513.E11261	
Amount Incurred This Period 219.34	Payment This Period 0.00	Outstanding Balance at Close of This Period 219.34

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>10451.50</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>		<b>Transaction ID:</b> LS90513.E11275	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>		<b>Transaction ID:</b> LS90513.E11276	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1250.00"/>		<b>Transaction ID:</b> LS90513.E11277	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1250.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1750.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

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

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

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

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

Outstanding Balance Beginning This Period 1652.00		<b>Transaction ID: LS90513.E11291</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1652.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	2932.00
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 1636.00	<b>Transaction ID:</b> LS90513.E11294	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1636.00

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

Outstanding Balance Beginning This Period 1636.00	<b>Transaction ID:</b> LS90513.E11292	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1636.00

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

Outstanding Balance Beginning This Period 8000.00	<b>Transaction ID:</b> LS90508.E11226	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8000.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	11272.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	40907.28
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	40907.28