

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 (12S)
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 2010 through 05 31 2010

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 10 16 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		80412.05
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	361081.52									
(c) Total Receipts (from Line 19)	51766.50	1431567.88								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	412848.02	1511979.93								
7. Total Disbursements (from Line 31)	96669.15	1195801.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	316178.87	316178.87								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	5660.20									

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

For further information contact:

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

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

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	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	42687.50	474396.50
(ii) Unitemized	9079.00	88110.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	51766.50	562506.88
(b) Political Party Committees	0.00	55.00
(c) Other Political Committees (such as PACs)	0.00	21400.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	51766.50	583961.88
12. Transfers From Affiliated/Other Party Committees	0.00	847606.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	51766.50	1431567.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51766.50	1431567.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	77118.40	439932.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	77118.40	439932.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	677026.52
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	19550.75	78842.43
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	19550.75	78842.43
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	96669.15	1195801.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96669.15	1195801.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	51766.50	583961.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51766.50	583961.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	77118.40	439932.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	77118.40	439932.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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		Date of Receipt
	Mailing Address 305 Delano Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Marion	MA	02738
	FEC ID number of contributing federal political committee. C		Transaction ID: 00520.C183281
Name of Employer Act I, Inc.		Occupation Fisherman	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Receipt

B.	Full Name (Last, First, Middle Initial) Charles Baker		Date of Receipt
	Mailing Address 64 Caldwell farm		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Byfield	MA	01922
	FEC ID number of contributing federal political committee. C		Transaction ID: 00520.C183353
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Receipt

C.	Full Name (Last, First, Middle Initial) David Barlow		Date of Receipt
	Mailing Address 640 Lewis Wharf		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Boston	MA	02110
	FEC ID number of contributing federal political committee. C		Transaction ID: 00520.C183351
Name of Employer Self Employed		Occupation Pesronal Investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10000.00
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 11500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 38
(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>A. Full Name (Last, First, Middle Initial) Mark Bryant</p> <p>Mailing Address 5 Pegan Ln</p> <p>City State Zip Code Natick MA 01760-5617</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 500.00</p>	<p>Date of Receipt 05 / 25 / 2010</p> <p>Transaction ID: 00618.C183438</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt</p>
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<p>B. Full Name (Last, First, Middle Initial) Wayne Capolupo</p> <p>Mailing Address 170 Beach Rd U-17</p> <p>City State Zip Code Salisbury MA 01952</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 05 / 28 / 2010</p> <p>Transaction ID: 00618.C183473</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Receipt</p>
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<p>C. Full Name (Last, First, Middle Initial) John Dewey</p> <p>Mailing Address 865 Central Ave Apt A502</p> <p>City State Zip Code Needham MA 02492</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 100.00</p>	<p>Date of Receipt 05 / 05 / 2010</p> <p>Transaction ID: 00520.C182930</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt</p>
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SUBTOTAL of Receipts This Page (optional)	5600.00
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 / 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Dewey
 Mailing Address 865 Central Ave Apt A502
 City State Zip Code
 Needham MA 02492
 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 MM / DD / YYYY
05 / 05 / 2010
Transaction ID: 00520.C182932
 Amount of Each Receipt this Period
100.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Scott Gaddis
 Mailing Address 21 Decatur Lane
 City State Zip Code
 Wayland MA 01778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00
 Date of Receipt MM / DD / YYYY
05 / 28 / 2010
Transaction ID: 00618.C183472
 Amount of Each Receipt this Period
200.00
 Receipt

C. Full Name (Last, First, Middle Initial)
John Glaser
 Mailing Address 13 Putter Drive
 City State Zip Code
 Acton MA 01720-4221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer partners health care Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00
 Date of Receipt MM / DD / YYYY
05 / 17 / 2010
Transaction ID: 00520.C183356
 Amount of Each Receipt this Period
200.00
 Receipt

SUBTOTAL of Receipts This Page (optional) 500.00
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 / 38

(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)
Robert Goldfarb

Mailing Address 25 Spyglass Landing Drive

City State Zip Code
Marshfield MA 02050

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 26 / 2010

Transaction ID: 00618.C183465

Amount of Each Receipt this Period 550.00

Receipt

B.

Full Name (Last, First, Middle Initial)
James Hearty

Mailing Address 27 Silver Hill Rd

City State Zip Code
Weston MA 02493

FEC ID number of contributing federal political committee. C

Name of Employer Clough Capital Occupation Investment Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 28 / 2010

Transaction ID: 00618.C183474

Amount of Each Receipt this Period 2500.00

Receipt

C.

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

Mailing Address 17 Rutland Square

City State Zip Code
Boston MA 02118

FEC ID number of contributing federal political committee. C

Name of Employer Merchant Warehouse Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 25 / 2010

Transaction ID: 00618.C183435

Amount of Each Receipt this Period 2500.00

Receipt

SUBTOTAL of Receipts This Page (optional) 5550.00

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 / 38

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
William Helman

Mailing Address 85 Sparks St.

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
Greylock Management Venture Capital

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 / 1 8 / 2 0 1 0

Transaction ID: 00520.C183417

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
William Hofmann

Mailing Address 223 Rutledge Road

City State Zip Code
Belmont MA 02478

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

Name of Employer Occupation
Self Employed insurance agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 00618.C183475

Amount of Each Receipt this Period

1000.00

Receipt

C.

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

Mailing Address 107 Great Plain Ave

City State Zip Code
Wellesley MA 02482

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

Name of Employer Occupation
Information Requested Information Requested

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

Date of Receipt

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

Transaction ID: 00618.C183476

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 38
(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)
James R. Houghton
 Mailing Address 80 E. Market St., Suite 300
 City State Zip Code
 Corning NY 14830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: MM / DD / YYYY
 05 / 19 / 2010
Transaction ID: 00520.C183428
 Amount of Each Receipt this Period: 250.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Jeffries
 Mailing Address 12 Brimmer St.
 City State Zip Code
 Boston MA 02108-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 S.B. Jeffries Consultants President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50
 Date of Receipt: MM / DD / YYYY
 05 / 03 / 2010
Transaction ID: 00520.C182317
 Amount of Each Receipt this Period: 312.50
 Receipt

C. Full Name (Last, First, Middle Initial)
Donald Joyal
 Mailing Address 50 Resnik Rd. Suite 300
 City State Zip Code
 Plymouth MA 02360
 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 ▼ 500.00
 Date of Receipt: MM / DD / YYYY
 05 / 14 / 2010
Transaction ID: 00520.C183350
 Amount of Each Receipt this Period: 500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 1062.50
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 / 38
(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)
Wesley Marple

Mailing Address 317 Boston Post Rd

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Northeastern University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: 00618.C183459

Amount of Each Receipt this Period
100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Wesley Marple

Mailing Address 317 Boston Post Rd

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Northeastern University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: 00618.C183458

Amount of Each Receipt this Period
125.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Althine Marsh

Mailing Address 1213 Heatherwood

City State Zip Code
YarmouthPort MA 02675

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2010

Transaction ID: 00520.C183309

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **725.00**

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 / 38
(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)
Catherine McDonnell

Mailing Address 63 Atlantic Ave #7E

City Boston State MA Zip Code 02110

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

Name of Employer The Action Group Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 25 / 2010
Transaction ID: 00618.C183437
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Henry Meyer

Mailing Address P.O. Box 149

City Wakefield State RI Zip Code 02880

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: 05 / 12 / 2010
Transaction ID: 00520.C183303
Amount of Each Receipt this Period: 500.00
Receipt

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

Mailing Address 85 Round Hill Rd

City Greenwich State CT Zip Code 06831

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

Name of Employer Miller Buckfire & Co Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 28 / 2010
Transaction ID: 00618.C183478
Amount of Each Receipt this Period: 5000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 6500.00

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 / 38
(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)
Glenn Parker

Mailing Address 13630 NW 8 St.
#210

City State Zip Code
Fort Lauderdale FL 33325

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

Name of Employer Nations Health Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
05 / 26 / 2010

Transaction ID: 00618.C183469

Amount of Each Receipt this Period: 500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Richard Phipps

Mailing Address 1180 Main Street

City State Zip Code
Wakefield MA 01880

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

Name of Employer Self Employed Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: MM / DD / YYYY
05 / 12 / 2010

Transaction ID: 00520.C183334

Amount of Each Receipt this Period: 200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Timothy Pinch

Mailing Address 5 New Towne Dr.

City State Zip Code
Hingham MA 02043

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

Name of Employer G.w.and Wade Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: MM / DD / YYYY
05 / 05 / 2010

Transaction ID: 00520.C182946

Amount of Each Receipt this Period: 100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 / 38
(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)
Francis Privitera

Mailing Address 59 Union Square

City State Zip Code
Somerville MA 02143

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 05 / 26 / 2010
Transaction ID: 00618.C183470
Amount of Each Receipt this Period: 100.00
Receipt

B. Full Name (Last, First, Middle Initial)
Mr. And Mrs. John Roush

Mailing Address 35 Old Planters Rd

City State Zip Code
Beverly MA 01915

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

Name of Employer Occupation
Perkinelmer Inc. Corporate Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 12 / 2010
Transaction ID: 00520.C183306
Amount of Each Receipt this Period: 275.00
Receipt

C. Full Name (Last, First, Middle Initial)
Horace Schermerhorn

Mailing Address 10 Village Drive

City State Zip Code
East Sandwich MA 02537

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: 05 / 26 / 2010
Transaction ID: 00618.C183460
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 38
(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)
Mackenzie Smith

Mailing Address 154 Elm St

City State Zip Code
Easton MA 02356

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

Name of Employer Smith, Buckley and Hunt Occupation Insurance

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 17 / 2010
Transaction ID: 00520.C183411
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Aaron Spencer

Mailing Address 69 Farlow Rd.

City State Zip Code
Newton MA 02458

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

Name of Employer UNO Restaurant Corp Occupation Executive

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 28 / 2010
Transaction ID: 00618.C183477
Amount of Each Receipt this Period: 5000.00
Receipt

C. Full Name (Last, First, Middle Initial)
James Tee

Mailing Address PO BOX 388

City State Zip Code
East Longmeadow MA 01028

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 / 17 / 2010
Transaction ID: 00520.C183392
Amount of Each Receipt this Period: 200.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 5450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 38	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Edward Zuker		Date of Receipt																					
	Mailing Address PO BOX 377		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	9		2	0	1	0														
	City	State	Zip Code		Transaction ID: 00520.C183425																			
	Chestnut Hill	MA	02467																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Information Requested		Occupation Information Requested		<input type="text" value="500.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		Receipt																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="42687.50"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 38

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

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 1270 City Newark State NJ Zip Code 07101-1270 Purpose of Disbursement Credit card: 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: 00618.E12201 Date of Disbursement 05 / 26 / 2010
	Amount of Each Disbursement this Period 4404.99 CREDIT CARD:

B. Full Name (Last, First, Middle Initial) Scr & Associates, LLC Mailing Address 4 Leblanc Dr City Danvers State MA Zip Code 01923- Purpose of Disbursement Fundraising consulting fee party related 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: 00618.E12207 Date of Disbursement 05 / 26 / 2010
	Amount of Each Disbursement this Period 6000.00 FUNDRAISING CONSULTING FEE PARTY RELATED

C. 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 Workers Comp 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: 00618.E12171 Date of Disbursement 05 / 06 / 2010
	Amount of Each Disbursement this Period 654.00 WORKERS COMP

SUBTOTAL of Disbursements This Page (optional) ▶	11058.99
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts</p> <p>Mailing Address Landmark Center 401 Park Drive</p> <p>City Boston State MA Zip Code 02215-</p> <p>Purpose of Disbursement Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00618.E12167 Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 961.46</p> <p>HEALTH INSURANCE</p>
<p>B. Full Name (Last, First, Middle Initial) Byte Bulb</p> <p>Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.</p> <p>City Hanover State MA Zip Code 02339-</p> <p>Purpose of Disbursement party related website development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00618.E12166 Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 110.00</p> <p>PARTY RELATED WEBSITE DEVELOPMENT</p>
<p>C. Full Name (Last, First, Middle Initial) Byte Bulb</p> <p>Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.</p> <p>City Hanover State MA Zip Code 02339-</p> <p>Purpose of Disbursement party related website development</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00618.E12191 Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 3260.00</p> <p>PARTY RELATED WEBSITE DEVELOPMENT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4331.46

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 00618.E12168 Date of Disbursement 05 / 06 / 2010
	Mailing Address 39 Old Colony Ave.	Amount of Each Disbursement this Period 69.09
	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

B.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 00618.E12190 Date of Disbursement 05 / 20 / 2010
	Mailing Address 39 Old Colony Ave.	Amount of Each Disbursement this Period 73.29
	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) FLS Connect	Transaction ID: 00618.E12174 Date of Disbursement 05 / 06 / 2010
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 1211.05
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement party related telemktg fundraising	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PARTY RELATED TELEMKTG FUNDRAISING

SUBTOTAL of Disbursements This Page (optional)	▶	1353.43
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) FLS Connect	Transaction ID: 00618.E12203 Date of Disbursement 05 / 26 / 2010
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 171.06
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement telemarketing party related 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) ▼
		TELEMARKETING PARTY RELATED

B.	Full Name (Last, First, Middle Initial) Keswick Consulting	Transaction ID: 00618.E12200 Date of Disbursement 05 / 20 / 2010
	Mailing Address 231 Victory Road	Amount of Each Disbursement this Period 3000.00
	City Quincy State MA Zip Code 02171-	
	Purpose of Disbursement political consulting-party related non FEA 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) ▼
		POLITICAL CONSULTING-PARTY RELATED NON FEA

C.	Full Name (Last, First, Middle Initial) Keswick Consulting	Transaction ID: 00618.E12204 Date of Disbursement 05 / 26 / 2010
	Mailing Address 231 Victory Road	Amount of Each Disbursement this Period 1700.00
	City Quincy State MA Zip Code 02171-	
	Purpose of Disbursement Reimburse for Bleacher event 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) ▼
		REIMBURSE FOR BLEACHER EVENT

SUBTOTAL of Disbursements This Page (optional)	▶	4871.06
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Contact Services Contact Services</p> <p>Mailing Address 2275 Burlingame SW</p> <p>City State Zip Code</p> <p>Purpose of Disbursement candidate assistance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00618.E12221</p> <p>Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1904.87</p> <p>CATEGORY/Type CANDIDATE ASSISTANCE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Crimson Press Crimson Press</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement Fundraising Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00618.E12176</p> <p>Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2800.00</p> <p>CATEGORY/Type FUNDRAISING PRINTING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) DirecTV DirecTV</p> <p>Mailing Address PO Box 60036</p> <p>City State Zip Code Los Angeles CA 90060-0036</p> <p>Purpose of Disbursement cable tv</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00618.E12189</p> <p>Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 49.34</p> <p>CATEGORY/Type CABLE TV</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4754.21

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 00618.E12175 Date of Disbursement																			
	Mailing Address PO Box 371461	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	6		2	0	1	0												
	City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement express mail	<table border="1"><tr><td>135.28</td></tr></table>	135.28																		
135.28																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		EXPRESS MAIL																			

B.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 00618.E12187 Date of Disbursement																			
	Mailing Address PO Box 371461	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	1	0												
	City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement express mail	<table border="1"><tr><td>20.57</td></tr></table>	20.57																		
20.57																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		EXPRESS MAIL																			

C.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 00618.E12202 Date of Disbursement																			
	Mailing Address PO Box 371461	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
	City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement express mail	<table border="1"><tr><td>27.08</td></tr></table>	27.08																		
27.08																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		EXPRESS MAIL																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>182.93</td></tr></table>	182.93
182.93		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00618.E12222 Date of Disbursement 05 / 26 / 2010
	Mailing Address 34 Fresno St.	Amount of Each Disbursement this Period 236.74
	City Boston State MA Zip Code 02131-	
	Purpose of Disbursement reimbursement for phone travelfood 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 PHONE TRAVELFOOD

B.	Full Name (Last, First, Middle Initial) Kirsten Hughes	Transaction ID: 00618.E12193 Date of Disbursement 05 / 20 / 2010
	Mailing Address 72 Davis Street	Amount of Each Disbursement this Period 98.50
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement expense reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EXPENSE REIMBURSEMENT

C.	Full Name (Last, First, Middle Initial) Susan Keene	Transaction ID: 00618.E12192 Date of Disbursement 05 / 20 / 2010
	Mailing Address 76 Locksley Rd.	Amount of Each Disbursement this Period 998.00
	City Lynnfield State MA Zip Code 01940-	
	Purpose of Disbursement accounting svc 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) ▼
		ACCOUNTING SVC

SUBTOTAL of Disbursements This Page (optional) ▶

1333.24

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Konica Minolta Business Systems	Transaction ID: 00618.E12194 Date of Disbursement
	Mailing Address P.O. Box 7247-0322	<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Philadelphia State PA Zip Code 19170-0322	Amount of Each Disbursement this Period
	Purpose of Disbursement copier lease	<input type="text" value="969.73"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		COPIER LEASE

B.	Full Name (Last, First, Middle Initial) Mulberry Road Mulberry Road	Transaction ID: 00618.E12199 Date of Disbursement
	Mailing Address	<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement Gift basket	<input type="text" value="295.82"/>
	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) ▼
		GIFT BASKET

C.	Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 00618.E12195 Date of Disbursement
	Mailing Address 209 bunker hill st Apt 1	<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Boston State MA Zip Code 02129-	Amount of Each Disbursement this Period
	Purpose of Disbursement reimbursement phone	<input type="text" value="155.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT PHONE

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1420.55"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 00618.E12188 Date of Disbursement 05 / 20 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	
	City Boston State MA Zip Code 02129-	Amount of Each Disbursement this Period 451.73
	Purpose of Disbursement reimbursement for parking food and 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 PARKING-FOOD AND TRAVEL

B.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 00618.E12218 Date of Disbursement 05 / 26 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	
	City Boston State MA Zip Code 02129-	Amount of Each Disbursement this Period 557.57
	Purpose of Disbursement reimbursement see below 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 SEE BELOW

C.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 00618.E12219 Date of Disbursement 05 / 26 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	
	City Boston State MA Zip Code 02129-	Amount of Each Disbursement this Period 169.50
	Purpose of Disbursement reimbursement parking travel food 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 PARKING TRAVEL FOOD

SUBTOTAL of Disbursements This Page (optional)	1178.80
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)
Communication Inc OBrien

Transaction ID: 00618.E12206
Date of Disbursement

Mailing Address PO Box 659

/ /

City Wrentham State MA Zip Code 02093-

Amount of Each Disbursement this Period

Purpose of Disbursement
phone system
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

PHONE SYSTEM

B.

Full Name (Last, First, Middle Initial)
Ox-Eye Properties

Transaction ID: 00618.E12173
Date of Disbursement

Mailing Address c/o Massey & Co.
85 Merrimac Street

/ /

City Boston State MA Zip Code 02114-

Amount of Each Disbursement this Period

Purpose of Disbursement
Rent & Utilities
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

RENT & UTILITIES

C.

Full Name (Last, First, Middle Initial)
Ox-Eye Properties

Transaction ID: 00618.E12205
Date of Disbursement

Mailing Address c/o Massey & Co.
85 Merrimac Street

/ /

City Boston State MA Zip Code 02114-

Amount of Each Disbursement this Period

Purpose of Disbursement
rent and utilities
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

RENT AND UTILITIES

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)

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

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

A. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement payroll 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: 00618.E12182 Date of Disbursement 05 / 13 / 2010
	Amount of Each Disbursement this Period 4411.22
	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 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) ▼
Amount of Each Disbursement this Period 82.98	Category/ Type PAYROLL 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) ▼	Transaction ID: 00618.E12216 Date of Disbursement 05 / 27 / 2010
Amount of Each Disbursement this Period 4416.69	Category/ Type PAYROLL TAX

SUBTOTAL of Disbursements This Page (optional) ▶	8910.89
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement payroll 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: 00618.E12217 Date of Disbursement 05 / 27 / 2010 Amount of Each Disbursement this Period 82.98 PAYROLL FEE	
B.	Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement bottled water Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00618.E12198 Date of Disbursement 05 / 20 / 2010 Amount of Each Disbursement this Period 61.76 BOTTLED WATER	
C.	Full Name (Last, First, Middle Initial) Seaport Hotel Mailing Address 1 Seaport Lane City Boston State MA Zip Code 02114- Purpose of Disbursement Rental for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00618.E12172 Date of Disbursement 05 / 06 / 2010 Amount of Each Disbursement this Period 8000.00 RENTAL FOR EVENT	

SUBTOTAL of Disbursements This Page (optional) ▶

8144.74

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 00618.E12208 Date of Disbursement 05 / 26 / 2010
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 288.37
	City Des Moines	State IA
	Zip Code 50368-9020	Category/ Type
	Purpose of Disbursement office supplies	OFFICE SUPPLIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Direct Mail Systems	Transaction ID: 00618.E12177 Date of Disbursement 05 / 07 / 2010
	Mailing Address 12450 Automobile Boulevard	Amount of Each Disbursement this Period 18679.91
	City Clearwater	State FL
	Zip Code 33762-	Category/ Type
	Purpose of Disbursement direct mail party related non FEA	DIRECT MAIL PARTY RELATED NON FEA
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 00618.E12197 Date of Disbursement 05 / 20 / 2010
	Mailing Address P.O. Box 1	Amount of Each Disbursement this Period 675.82
	City Worcester	State MA
	Zip Code 01654-	Category/ Type
	Purpose of Disbursement office phone	OFFICE PHONE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	19644.10
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)
Wachusett Mountain Wachusett Mountain

Mailing Address 100 Princeton Rd.

City State Zip Code
Princeton MA 01541-

Purpose of Disbursement
Fundraiser deposit

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00618.E12196

Date of Disbursement

05 / 20 / 2010

Amount of Each Disbursement this Period

500.00

FUNDRAISER DEPOSIT

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

77118.40

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) Nick Connors	Transaction ID: 00618.E12181 Date of Disbursement 05 / 13 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1941.42
	City Stoneham State MA Zip Code 02180-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00618.E12214 Date of Disbursement 05 / 27 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1935.92
	City Stoneham State MA Zip Code 02180-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Tarah Donoghue	Transaction ID: 00618.E12179 Date of Disbursement 05 / 13 / 2010
	Mailing Address 3 Main Street	Amount of Each Disbursement this Period 1547.48
	City Dover State MA Zip Code 02030-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	5424.82
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 33 / 38

<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) Tarah Donoghue	Transaction ID: 00618.E12213 Date of Disbursement 05 / 27 / 2010
	Mailing Address 3 Main Street	Amount of Each Disbursement this Period 1547.28
	City Dover State MA Zip Code 02030- 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) Kaitlyn Greeley	Transaction ID: 00618.E12178 Date of Disbursement 05 / 13 / 2010
	Mailing Address 34 Fresno St.	Amount of Each Disbursement this Period 1032.33
	City Boston State MA Zip Code 02131- 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) Kaitlyn Greeley	Transaction ID: 00618.E12212 Date of Disbursement 05 / 27 / 2010
	Mailing Address 34 Fresno St.	Amount of Each Disbursement this Period 1032.32
	City Boston State MA Zip Code 02131- 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) ▼	

SUBTOTAL of Disbursements This Page (optional)	3611.93
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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) Kirsten Hughes	Transaction ID: 00618.E12180 Date of Disbursement 05 / 13 / 2010
	Mailing Address 72 Davis Street	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1092.57
	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) Kirsten Hughes	Transaction ID: 00618.E12211 Date of Disbursement 05 / 27 / 2010
	Mailing Address 72 Davis Street	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1092.58
	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) Magan Munson	Transaction ID: 00618.E12186 Date of Disbursement 05 / 13 / 2010
	Mailing Address 209 bunker hill st Apt 1	
	City Boston State MA Zip Code 02129-	Amount of Each Disbursement this Period 1222.89
	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ► **3408.04**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 00618.E12210 Date of Disbursement 05 / 27 / 2010
	Mailing Address 209 bunker hill st Apt 1	Amount of Each Disbursement this Period 1222.89
	City Boston State MA Zip Code 02129-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Michael Rigas	Transaction ID: 00618.E12185 Date of Disbursement 05 / 13 / 2010
	Mailing Address 24 Concord Ave, Apt 415	Amount of Each Disbursement this Period 1523.41
	City Cambridge State MA Zip Code 02138-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Michael Rigas	Transaction ID: 00618.E12209 Date of Disbursement 05 / 27 / 2010
	Mailing Address 24 Concord Ave, Apt 415	Amount of Each Disbursement this Period 1523.40
	City Cambridge State MA Zip Code 02138-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	4269.70
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input 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) William Walker Mailing Address 24 Sidlaw Road Apt 3 City Brighton State MA Zip Code 02135- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00618.E12184 Date of Disbursement 05 / 13 / 2010
	Amount of Each Disbursement this Period 1418.12 PAYROLL
B. Full Name (Last, First, Middle Initial) William Walker Mailing Address 24 Sidlaw Road Apt 3 City Brighton State MA Zip Code 02135- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00618.E12215 Date of Disbursement 05 / 27 / 2010
	Amount of Each Disbursement this Period 1418.14 PAYROLL

SUBTOTAL of Disbursements This Page (optional)	2836.26
TOTAL This Period (last page this line number only)	19550.75

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 250.00	Transaction ID: LS90513.E11275	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	▶	1750.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 38 / 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

1) SUBTOTALS This Period This Page (optional).....	3910.20
2) TOTALS This Period (last page this line number only).....	5660.20
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	5660.20