

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 13 2008

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

Office Use Only									
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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	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		16629.38
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	18084.00									
(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)	76627.00	385027.80								
7. Total Disbursements (from Line 31)	46229.61	354630.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30397.39	30397.39								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	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

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.....	31167.91	291629.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	31167.91	291629.19
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.....	15061.70	48001.22
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	15061.70	48001.22
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	46229.61	354630.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46229.61	354630.41

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)).....	31167.91	291629.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1534.92
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31167.91	290094.27

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

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

FOR LINE NUMBER: PAGE 6 / 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Knut 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 7 / 39
(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)
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: (check only one)	PAGE 8 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Eleanor Berg	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 276 Marlborough Street Apartment 6	Transaction ID: 80516.C169518
	City Boston State MA Zip Code 02116-1766	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Stephen Binder	Date of Receipt MM / DD / YYYY 05 / 07 / 2008
	Mailing Address PO Box 286	Transaction ID: 80516.C169462
	City Lincoln State MA Zip Code 01773	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Fidelity Investments Occupation Investment Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Henry Coz	Date of Receipt MM / DD / YYYY 05 / 13 / 2008
	Mailing Address 10 South Street PO Box 282	Transaction ID: 80516.C169533
	City Grafton State MA Zip Code 01519-0282	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer PolyFoam Corp Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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 9 / 39
(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 Cramer
Mailing Address 23 Keel Way
City Mashpee State MA Zip Code 02649
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00
Date of Receipt 05 / 06 / 2008
Transaction ID: 80516.C169424
Amount of Each Receipt this Period 100.00
Receipt

B. Full Name (Last, First, Middle Initial)
John Cramer
Mailing Address 23 Keel Way
City Mashpee State MA Zip Code 02649
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 / 16 / 2008
Transaction ID: 80516.C169661
Amount of Each Receipt this Period 100.00
Receipt

C. Full Name (Last, First, Middle Initial)
Jimmy Dishner
Mailing Address PO Box 955
44 Heritage Drive
City Orleans State MA Zip Code 02662
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00
Date of Receipt 05 / 09 / 2008
Transaction ID: 80516.C169517
Amount of Each Receipt this Period 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 300.00
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 / 39
(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 Dumont

Mailing Address 7 Great Pond Way

City State Zip Code
Sterling MA 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
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 8

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 State Zip Code
Abington MA 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
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 8

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 State Zip Code
Wellesley MA 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
M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 8

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 11 / 39
(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)
Dola Hamilton Stemberg

Mailing Address 5 Louisburg Square

City State Zip Code
Boston MA 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
MM / DD / YYYY
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 State Zip Code
South Hadley MA 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
MM / DD / YYYY
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 State Zip Code
Fall River MA 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
MM / DD / YYYY
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 39
(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)
Arthur Hilsinger
Mailing Address 8 Jackson Pond Rd.
City Dedham State MA Zip Code 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 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 Brookline State MA Zip Code 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 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 Franklin State MA Zip Code 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 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 39
(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)
Gregory Kamon

Mailing Address PO Box 204

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 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 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 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 14 / 39
(check only one)

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

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

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

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

Mailing Address 100 Railroad Ave

City North Eastham State MA Zip Code 02651

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 / 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 Falmouth State MA Zip Code 02536

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 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 Newton State MA Zip Code 02458-2718

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

Name of Employer Beth Israel Deaconness Med Ctr Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 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: PAGE 15 / 39

(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)

Ronald Manzone

Mailing Address 28 Brook Dr.

City State Zip Code
Fairhaven MA 02719

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

Name of Employer Occupation
Bristol County Sherriff Investigator
Office

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 / 2 9 / 2 0 0 8

Transaction ID: 80613.C169752

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert McKnight

Mailing Address 505 Palmer Ave

City State Zip Code
Falmouth MA 02540

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

Name of Employer Occupation
Self Employed Publisher

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 3 / 2 0 0 8

Transaction ID: 80516.C169545

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jamie Melo

Mailing Address 35 Emerald Dr.

City State Zip Code
Dartmouth MA 02747

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 ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: 80613.C169758

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶

650.00

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 / 39
	<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) Matthew Merritt	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address ValleyHead Inc. PO Box 714	Transaction ID: 80613.C169701
	City Lenox State MA Zip Code 01240	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Valleyhead Inc. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Walter Moniz	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 73 Borden St.	Transaction ID: 80613.C169750
	City New Bedford State MA Zip Code 02740	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer City Of New Bedford Occupation Neighborhood Liason 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) Joseph Noonan	Date of Receipt MM / DD / YYYY 05 / 15 / 2008
	Mailing Address 28 Bridle Lane	Transaction ID: 80516.C169617
	City Scituate State MA Zip Code 02066	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer BinJ Laboratories, Inc. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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: (check only one)	PAGE 17 / 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rodger Nordblom	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 200 Barnes Hill Rd.	Transaction ID: 80613.C169681
	City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Nordblom Company Real Estate Develop.	
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	Transaction ID: 80516.C169618
	City State Zip Code North Attleboro MA 02760	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Commonwealth of Massachusetts State Representative	
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	Transaction ID: 80516.C169422
	City State Zip Code Linwood MA 01525	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

SUBTOTAL of Receipts This Page (optional)	5350.00
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 / 39
(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 Senior Vice President

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 Information Requested Occupation Information Requested

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 19 / 39
(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 Wadsworth

Mailing Address 99 Livingston Road

City Wellesley	State MA	Zip Code 02482
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FEC ID number of contributing federal political committee. **C**

Name of Employer Harbourvest Partners	Occupation 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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL 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 20 / 39
	(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		Date of Receipt
Mailing Address PO Box 2671		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
City	State	Zip Code
Attleboro	MA	02763
FEC ID number of contributing federal political committee.		Transaction ID: 80516.C169595
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer Olsten Staffing	Occupation Engineer	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="50.00"/>	

B.

Full Name (Last, First, Middle Initial) Romney for President, Inc		Date of Receipt
Mailing Address PO Box 55239		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
City	State	Zip Code
Boston	MA	02205
FEC ID number of contributing federal political committee.		Transaction ID: 80613.C169815
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	In-Kind
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	Fundraising list rental

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="415.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="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) A.I.M. Mutual Insurance Co.	Transaction ID: 80613.E10394 Date of Disbursement 05 / 02 / 2008
	Mailing Address 54 Third St.	
	City Burlington State MA Zip Code 01803-	Amount of Each Disbursement this Period 1186.00
	Purpose of Disbursement Workmans Comp Insurance Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		WORKMANS COMP INSURANCE

B.	Full Name (Last, First, Middle Initial) Accountemps	Transaction ID: 80613.E10442 Date of Disbursement 05 / 21 / 2008
	Mailing Address 12400 Collections Center Drive	
	City Chicago State IL Zip Code 60693-	Amount of Each Disbursement this Period 156.76
	Purpose of Disbursement Accounting Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ACCOUNTING FEE

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 80613.E10433 Date of Disbursement 05 / 21 / 2008
	Mailing Address PO Box 2971	
	City Omaha State NE Zip Code 68103-	Amount of Each Disbursement this Period 143.90
	Purpose of Disbursement Cell 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) ▼
		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 22 / 39

<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 MM / DD / YYYY 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	HEALTH 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) ▼

B.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 80613.E10434 Date of Disbursement MM / DD / YYYY 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	STORAGE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Venus De milo	Transaction ID: 80613.E10401 Date of Disbursement MM / DD / YYYY 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 Fee	EVENT FEE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7551.44

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

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) Bruce Harrison	Transaction ID: 80613.E10429
	Mailing Address 101 Elm St	Date of Disbursement 05 / 28 / 2008
	City Wakefield State MA Zip Code 01880-	Amount of Each Disbursement this Period 212.00
	Purpose of Disbursement Reimbursement for postage H8MA 35 Candidate Name	010 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR POSTAGE H8MA 35

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 80613.E10399
	Mailing Address 16 Oval Road	Date of Disbursement 05 / 09 / 2008
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 182.53
	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) Lyndsay Jones	Transaction ID: 80613.E10419
	Mailing Address 16 Oval Road	Date of Disbursement 05 / 19 / 2008
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 169.24
	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

SUBTOTAL of Disbursements This Page (optional)	563.77
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 80613.E10398
	Mailing Address 58 Queensberry Street #3	Date of Disbursement MM / DD / YYYY 05 / 12 / 2008
	City Boston State MA Zip Code 02215-	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Internship	INTERNSHIP
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 80613.E10420
	Mailing Address 58 Queensberry Street #3	Date of Disbursement MM / DD / YYYY 05 / 19 / 2008
	City Boston State MA Zip Code 02215-	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Reimbursement for food	REIMBURSEMENT FOR FOOD
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 80613.E10415
	Mailing Address 58 Queensberry Street #3	Date of Disbursement MM / DD / YYYY 05 / 24 / 2008
	City Boston State MA Zip Code 02215-	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Internship	INTERNSHIP
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1430.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 80613.E10397
	Mailing Address 187 Lewis Rd.	Date of Disbursement 05 / 09 / 2008
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 150.69
	Purpose of Disbursement Cell Phone Reimbursement	CELL PHONE REIMBURSEMENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

SUBTOTAL of Disbursements This Page (optional)	390.33
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

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

C.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 80613.E10471 Date of Disbursement 05 / 01 / 2008
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 169.89
	City Boston State MA Zip Code 02110-	
	Purpose of Disbursement Credit Card Fee	CREDIT CARD FEE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	389.32
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 80613.E10476 Date of Disbursement 05 / 05 / 2008
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 55.00
	City Boston State MA Zip Code 02110-	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD FEE

B.	Full Name (Last, First, Middle Initial) Konica Minolta Business Systems	Transaction ID: 80613.E10436 Date of Disbursement 05 / 21 / 2008
	Mailing Address P.O. Box 7247-0322	Amount of Each Disbursement this Period 708.76
	City Philadelphia State PA Zip Code 19170-0322	
	Purpose of Disbursement Copier	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) ▼
		COPIER

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 80613.E10408 Date of Disbursement 05 / 01 / 2008
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 1153.85
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll 401k	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL 401K

SUBTOTAL of Disbursements This Page (optional)	1917.61
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 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.E10407 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2426.75
	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 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) ▼

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.E10414 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 499.98
	Category/ Type PAYROLL 401K
	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) ▼

C. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll 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 M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 499.98
	Category/ Type PAYROLL 401K
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3195.93
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 80613.E10413 Date of Disbursement 05 / 15 / 2008
	Mailing Address PO Box 8295	
	City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period 2595.27
	Purpose of Disbursement Payroll Tax Candidate Name	PAYROLL TAX
	Office Sought: <input type="checkbox"/> House <input 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) Paychex/InterPay	Transaction ID: 80613.E10402 Date of Disbursement 05 / 16 / 2008
	Mailing Address PO Box 8295	
	City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period 160.00
	Purpose of Disbursement 401k Fee Candidate Name	401K FEE
	Office Sought: <input type="checkbox"/> House <input 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) Paychex/InterPay	Transaction ID: 80613.E10426 Date of Disbursement 05 / 29 / 2008
	Mailing Address PO Box 8295	
	City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period 2736.30
	Purpose of Disbursement Payroll Tax Candidate Name	PAYROLL TAX
	Office Sought: <input type="checkbox"/> House <input 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)	5491.57
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) Boston Postmaster	Transaction ID: 80613.E10431 Date of Disbursement 05 / 21 / 2008
	Mailing Address JW MCCORMACK STATION New Chardon Street	Amount of Each Disbursement this Period 420.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement Postage	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) ▼
		POSTAGE

B.	Full Name (Last, First, Middle Initial) Jodys Quik Print	Transaction ID: 80613.E10443 Date of Disbursement 05 / 21 / 2008
	Mailing Address P.O. Box 1068	Amount of Each Disbursement this Period 420.63
	City Middleton State MA Zip Code 01949-	
	Purpose of Disbursement Printing	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) ▼
		PRINTING

C.	Full Name (Last, First, Middle Initial) Romney for President, Inc	Transaction ID: 80613.C169815IK Date of Disbursement 05 / 22 / 2008
	Mailing Address PO Box 55239	Amount of Each Disbursement this Period 365.00
	City Boston State MA Zip Code 02205-	
	Purpose of Disbursement Fundraising list rental	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		IN KIND: FUNDRAISING LIST RENTAL

SUBTOTAL of Disbursements This Page (optional)	1205.63
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) SCM Associates Mailing Address Steve Meyers 1283 Main Street City Dublin State NH Zip Code 03444- Purpose of Disbursement Direct Mail and Telemarketing 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.E10445 Date of Disbursement 05 / 21 / 2008
	Amount of Each Disbursement this Period 1092.87 Category/Type DIRECT MAIL AND TELEMARKETING

B. Full Name (Last, First, Middle Initial) Staples, Inc. Mailing Address Staples Credit Plan Dept. 80 - 0088936796 City Des Moines State IA Zip Code 50368-9020 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80613.E10444 Date of Disbursement 05 / 21 / 2008
	Amount of Each Disbursement this Period 281.71 Category/Type OFFICE SUPPLIES

C. Full Name (Last, First, Middle Initial) News Service State House Mailing Address 568 Washington St. Suite 24 City Wellesley Hills State MA Zip Code 02181- Purpose of Disbursement Subscription 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.E10427 Date of Disbursement 05 / 28 / 2008
	Amount of Each Disbursement this Period 2652.00 Category/Type SUBSCRIPTION

SUBTOTAL of Disbursements This Page (optional) ▶	4026.58
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) T-Mobile T-Mobile Mailing Address PO Box 790047 City Saint Louis State MO Zip Code 63179- Purpose of Disbursement Phone 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.E10441 Date of Disbursement 05 / 21 / 2008 Amount of Each Disbursement this Period 158.43 PHONE SERVICE	
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 1 City Worcester State MA Zip Code 01654- Purpose of Disbursement 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.E10440 Date of Disbursement 05 / 21 / 2008 Amount of Each Disbursement this Period 493.56 PHONE	
C.	Full Name (Last, First, Middle Initial) Westford Westford Mailing Address Office of Supt of Schools 23 Depot St. City Westford State MA Zip Code 01886- Purpose of Disbursement Rental 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.E10435 Date of Disbursement 05 / 21 / 2008 Amount of Each Disbursement this Period 511.80 RENTAL FEE	

SUBTOTAL of Disbursements This Page (optional) ▶	1163.79
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)

Westin Copley Place

Mailing Address 10 Huntington Ave.

City Boston State MA Zip Code 02116-

Purpose of Disbursement

Event Deposit

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80613.E10416

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1500.00

EVENT DEPOSIT

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

31025.41

**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)

PAGE 35 / 39

<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.E10403
	Mailing Address 16 Oval Road	Date of Disbursement MM / DD / YYYY 05 / 01 / 2008
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1260.12
	Purpose of Disbursement Payroll	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) ▼

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 80613.E10409
	Mailing Address 16 Oval Road	Date of Disbursement MM / DD / YYYY 05 / 15 / 2008
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 1260.12
	Purpose of Disbursement Payroll	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) ▼

C.	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	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) ▼

SUBTOTAL of Disbursements This Page (optional)	3780.36
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) Barney Keller	Transaction ID: 80613.E10404 Date of Disbursement 05 / 01 / 2008
	Mailing Address 187 Lewis Rd.	
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 1088.57
	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) Barney Keller	Transaction ID: 80613.E10410 Date of Disbursement 05 / 15 / 2008
	Mailing Address 187 Lewis Rd.	
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 1088.57
	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) Barney Keller	Transaction ID: 80613.E10423 Date of Disbursement 05 / 29 / 2008
	Mailing Address 187 Lewis Rd.	
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 1088.57
	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)	▶	3265.71
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 80613.E10405 Date of Disbursement 05 / 01 / 2008
	Mailing Address 1 Stony Brook Road	
	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) ▼	

B.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 80613.E10411 Date of Disbursement 05 / 15 / 2008
	Mailing Address 1 Stony Brook Road	
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 80613.E10424 Date of Disbursement 05 / 29 / 2008
	Mailing Address 1 Stony Brook Road	
	City Chelmsford State MA Zip Code 01863-	Amount of Each Disbursement this Period 1635.16
	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)	3724.07
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 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 <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80613.E10406 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1430.52 Category/Type PAYROLL
B. Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80613.E10412 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1430.52 Category/Type PAYROLL
C. Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80613.E10425 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1430.52 Category/Type PAYROLL

SUBTOTAL of Disbursements This Page (optional)	▶	4291.56
TOTAL This Period (last page this line number only)	▶	15061.70

Image# 28931886630

Form/Schedule: **F3XN**
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.
