

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 Boston MA 02114 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 02 01 2009 through 02 28 2009

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 05 14 2009

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		25389.18
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	68177.77									
(c) Total Receipts (from Line 19)	40237.40	132536.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108415.17	157925.58								
7. Total Disbursements (from Line 31)	59357.30	108867.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49057.87	49057.87								
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)	26377.09									

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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

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	31700.00	111430.00
(i) Itemized (use Schedule A)	7392.00	19961.00
(ii) Unitemized	39092.00	131391.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	39092.00	131391.00
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)	1145.40	1145.40
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))	40237.40	132536.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40237.40	132536.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	50146.92	90238.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	50146.92	90238.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	9210.38	18629.01
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	9210.38	18629.01
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	59357.30	108867.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59357.30	108867.71

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	39092.00	131391.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39092.00	131391.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	50146.92	90238.70
37. Offsets to Operating Expenditures (from Line 15, page 3)	1145.40	1145.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	49001.52	89093.30

Form/Schedule : **F3XA**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY WAS REPORTED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 36
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 103 Central St.

City State Zip Code
Byfield MA 01922

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

Name of Employer Security Team Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 90317.C172720

Amount of Each Receipt this Period
1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Charles Baker

Mailing Address 49 Monument Ave

City State Zip Code
Swampscott MA 01907

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

Name of Employer Harvard Pilgrim Health Care Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: 90213.C172520

Amount of Each Receipt this Period
5000.00

Receipt

C.

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

Mailing Address 16 Beechmont Street

City State Zip Code
Worcester MA 01609

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

Name of Employer Ciborowski Insurance Agency Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 90317.C172665

Amount of Each Receipt this Period
500.00

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 8 / 36
(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 Gannett

Mailing Address 144 Freedom St.

City State Zip Code
Hopedale MA 01747

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 ▼ 1100.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: 90317.C172654

Amount of Each Receipt this Period
1100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Charles Gibson

Mailing Address 61 Old Colony Rd.

City State Zip Code
Wellesley MA 02481

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

Name of Employer Deland,gibson Ins. Occupation Insurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 90317.C172675

Amount of Each Receipt this Period
100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Alice Hardigg

Mailing Address 36 Baptist Hill Rd.

City State Zip Code
Conway MA 01341

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

Name of Employer Hardigg Industries, Inc. Occupation Publications Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 90317.C172717

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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 / 36
(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)
Miles Herter

Mailing Address 12 Boardman Ave.

City State Zip Code
Manchester MA 01944

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

Name of Employer Retired Occupation Retired

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	0	9

Transaction ID: 90213.C172527

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Amory Houghton, Jr.

Mailing Address 80 East Market Street
Suite 300

City State Zip Code
Corning NY 14830

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

Name of Employer Retired Occupation Retired

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	9

Transaction ID: 90213.C172598

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Amy Kelly

Mailing Address 157 Rice Road

City State Zip Code
Quincy MA 02170

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

Name of Employer Self Employed Occupation Information Requested

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

Transaction ID: 90317.C172950

Amount of Each Receipt this Period
550.00

In-Kind

In kind donation of photography services - party-related

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 10 / 36
(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)
Caleb Loring

Mailing Address 567 Hale Street
Box 235

City Prides Crossing State MA Zip Code 01965

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 02 / 26 / 2009

Transaction ID: 90317.C172719

Amount of Each Receipt this Period 1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Albert Merck

Mailing Address 1010 Waltham St
F-19

City Lexington State MA Zip Code 02421-8048

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 ▼ 15000.00

Date of Receipt 02 / 27 / 2009

Transaction ID: 90317.C172724

Amount of Each Receipt this Period 15000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Lovett Peters

Mailing Address 81 Old Orchard Rd.

City Newton State MA Zip Code 02467

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

Name of Employer Pioneer Institute Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 12 / 2009

Transaction ID: 90213.C172597

Amount of Each Receipt this Period 1500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 17500.00

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 / 36
(check only one)

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

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

A.

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

Mailing Address 119 Mt. Pleasant Ave.

City State Zip Code
Gloucester MA 01930

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
M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: 90317.C172721

Amount of Each Receipt this Period
1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Lee Sprague

Mailing Address 89 Mount Vernon St.

City State Zip Code
Boston MA 02108

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

Name of Employer Self Employed Occupation Real Estate Mngr/Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: 90213.C172600

Amount of Each Receipt this Period
1500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Campbell Steward

Mailing Address 65 Asbury St.

City State Zip Code
Topsfield MA 01983

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
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: 90213.C172599

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 36
(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)
Richard Stratton
Mailing Address 166 Ide Road
City Williamstown State MA Zip Code 01267
FEC ID number of contributing federal political committee. **C**
Name of Employer DFC Occupation Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00
Date of Receipt 02 / 27 / 2009
Transaction ID: 90317.C172727
Amount of Each Receipt this Period 200.00
Receipt

B. Full Name (Last, First, Middle Initial)
Barbara A. Syer
Mailing Address P.O. Box 608
Great Barrington
City Great Barrington State MA Zip Code 01230-0608
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 02 / 03 / 2009
Transaction ID: 90213.C172528
Amount of Each Receipt this Period 200.00
Receipt

C. Full Name (Last, First, Middle Initial)
Robert Wulff
Mailing Address 27 Gray St
City Boston State MA Zip Code 02116
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 ▼ 350.00
Date of Receipt 02 / 03 / 2009
Transaction ID: 90213.C172526
Amount of Each Receipt this Period 350.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
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 / 36	
	(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) George Young		Date of Receipt
	Mailing Address 235 Walker St. Apt 252		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lenox	MA	01240
	FEC ID number of contributing federal political committee.		Transaction ID: 90317.C172722
	C		Amount of Each Receipt this Period
Name of Employer Retired		Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼		700.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	31700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 36	
	(check only one)			
<input 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 checked="" 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) Kristine Willington		Date of Receipt																					
	Mailing Address 12 Arlington Street		<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>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	4		2	0	0	9														
	City	State	Zip Code	Transaction ID: 90317.C172718																				
	Reading	MA	01867-	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	1145.40																					
Name of Employer None		Occupation At Home (Housewife)		Offsets to Operating Expenditure																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1145.40																						

SUBTOTAL of Receipts This Page (optional)	▶	1145.40
TOTAL This Period (last page this line number only)	▶	1145.40

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

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

A.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90317.E11054 Date of Disbursement 02 / 10 / 2009
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 980.00
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Direct Mail - 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) ▼
		DIRECT MAIL - PARTY RELATED NON FEA

B.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90317.E11055 Date of Disbursement 02 / 10 / 2009
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 5462.78
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement Direct Mail - 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) ▼
		DIRECT MAIL - PARTY RELATED NON FEA

C.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 90320.E11083 Date of Disbursement 02 / 27 / 2009
	Mailing Address Steve Meyers 1283 Main Street	Amount of Each Disbursement this Period 1000.00
	City Dublin State NH Zip Code 03444-	
	Purpose of Disbursement direct mail - 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) ▼
		DIRECT MAIL - PARTY RELATED NON FEA

SUBTOTAL of Disbursements This Page (optional) ▶

7442.78

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) Scr & Associates, LLC	Transaction ID: 90317.E11050 Date of Disbursement MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 4 Leblanc Dr	Amount of Each Disbursement this Period 5000.00
	City Danvers State MA Zip Code 01923-	
	Purpose of Disbursement Fundraising Consultant Fee - party related non FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTANT FEE - PARTY RELATED NON FEA

B.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts	Transaction ID: 90317.E11049 Date of Disbursement MM / DD / YYYY 02 / 10 / 2009
	Mailing Address Landmark Center 401 Park Drive	Amount of Each Disbursement this Period 3163.44
	City Boston State MA Zip Code 02215-	
	Purpose of Disbursement Health Insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		HEALTH INSURANCE

C.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 90213.E11023 Date of Disbursement MM / DD / YYYY 02 / 01 / 2009
	Mailing Address 39 Old Colony Ave.	Amount of Each Disbursement this Period 369.00
	City Boston State MA Zip Code 02127-	
	Purpose of Disbursement Rent for Storage Unit	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) ▼
		RENT FOR STORAGE UNIT

SUBTOTAL of Disbursements This Page (optional)	8532.44
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) Keswick Consulting</p> <p>Mailing Address 231 Victory Road</p> <p>City Quincy State MA Zip Code 02171-</p> <p>Purpose of Disbursement Political Consulting Fee - party related non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90320.E11078 Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>POLITICAL CONSULTING FEE - PARTY RELATED NON FEA</p>
<p>B. Full Name (Last, First, Middle Initial) Copy Cop</p> <p>Mailing Address 12 Channel St.</p> <p>City Boston State MA Zip Code 02210-</p> <p>Purpose of Disbursement Letterhead and Envelopes Party Related - Non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90317.E11060 Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 912.40</p> <p>LETTERHEAD AND ENVELOPES PARTY RELATED - NON FEA</p>
<p>C. Full Name (Last, First, Middle Initial) Dell Dell Computer</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement Computer Equipment</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: 90320.E11068 Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1045.00</p> <p>COMPUTER EQUIPMENT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4957.40

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: 90317.E11039 Date of Disbursement 02 / 01 / 2009	
	Mailing Address PO Box 371461		
	City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period	35.72
	Purpose of Disbursement Express Mail Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EXPRESS MAIL
B.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 90320.E11077 Date of Disbursement 02 / 27 / 2009	
	Mailing Address PO Box 371461		
	City Pittsburgh State PA Zip Code 15250-	Amount of Each Disbursement this Period	41.73
	Purpose of Disbursement Express Mail Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EXPRESS MAIL
C.	Full Name (Last, First, Middle Initial) Guardian Guardian	Transaction ID: 90317.E11038 Date of Disbursement 02 / 01 / 2009	
	Mailing Address Boston Group Office 1 Liberty Square		
	City Boston State MA Zip Code 02109-	Amount of Each Disbursement this Period	499.75
	Purpose of Disbursement Dental 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) ▼	DENTAL INSURANCE

SUBTOTAL of Disbursements This Page (optional)	577.20
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 Mailing Address 101 Elm St City Wakefield State MA Zip Code 01880- Purpose of Disbursement Administrative Assistance 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: 90317.E11043 Date of Disbursement 02 / 01 / 2009	Amount of Each Disbursement this Period 1000.00 ADMINISTRATIVE ASSISTANCE
B.	Full Name (Last, First, Middle Initial) Boxborough Holiday Inn Mailing Address 242 Adams Place City Boxborough State MA Zip Code 01719- Purpose of Disbursement Room Rental Fee for State Committee Meeting 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: 90213.E11001 Date of Disbursement 02 / 13 / 2009	Amount of Each Disbursement this Period 1263.15 ROOM RENTAL FEE FOR STATE COMMITTEE MEETING PARTY RELATED
C.	Full Name (Last, First, Middle Initial) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- Purpose of Disbursement Reimbursement for parking food and travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90317.E11041 Date of Disbursement 02 / 01 / 2009	Amount of Each Disbursement this Period 59.00 REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶	2322.15
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- Purpose of Disbursement Reimbursement for parking food and travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90320.E11084 Date of Disbursement 02 / 27 / 2009 Amount of Each Disbursement this Period 59.00 REIMBURSEMENT FOR PARKING FOOD AND TRAVEL
B.	Full Name (Last, First, Middle Initial) Barney Keller Mailing Address 187 Lewis Rd. City Belmont State MA Zip Code 02478- Purpose of Disbursement Reimbursement for travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90317.E11044 Date of Disbursement 02 / 01 / 2009 Amount of Each Disbursement this Period 123.48 REIMBURSEMENT FOR TRAVEL
C.	Full Name (Last, First, Middle Initial) Barney Keller Mailing Address 187 Lewis Rd. City Belmont State MA Zip Code 02478- Purpose of Disbursement Reimbursement for travel and parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90317.E11045 Date of Disbursement 02 / 01 / 2009 Amount of Each Disbursement this Period 150.00 REIMBURSEMENT FOR TRAVEL AND PARKING

SUBTOTAL of Disbursements This Page (optional) ▶

332.48

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: 90317.E11058 Date of Disbursement MM / DD / YYYY 02 / 19 / 2009
	Mailing Address 187 Lewis Rd.	Amount of Each Disbursement this Period 1288.42
	City Belmont State MA Zip Code 02478-	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 90320.E11067 Date of Disbursement MM / DD / YYYY 02 / 20 / 2009
	Mailing Address 187 Lewis Rd.	Amount of Each Disbursement this Period 124.60
	City Belmont State MA Zip Code 02478-	
	Purpose of Disbursement Reimbursement for phone	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) ▼
		REIMBURSEMENT FOR PHONE

C.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 90320.E11074 Date of Disbursement MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 187 Lewis Rd.	Amount of Each Disbursement this Period 87.44
	City Belmont State MA Zip Code 02478-	
	Purpose of Disbursement Reimbursement travel food and parking	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) ▼
		REIMBURSEMENT TRAVEL FOOD AND PARKING

SUBTOTAL of Disbursements This Page (optional)	▶	1500.46
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

<p>A. Full Name (Last, First, Middle Initial) Amy Kelly</p> <p>Mailing Address 157 Rice Road</p> <p>City Quincy State MA Zip Code 02170-</p> <p>Purpose of Disbursement In kind donation of photography services - party-related</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: 90317.C172950IK Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 550.00</p> <p>Category/Type</p> <p>IN KIND: IN KIND DONATION OF PHOTOGRAPHY SERVICES - PARTY-RELATED</p>
<p>B. Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90317.E11065 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>Category/Type</p> <p>CREDIT CARD FEE</p>
<p>C. Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90317.E11064 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 157.09</p> <p>Category/Type</p> <p>CREDIT CARD FEE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

732.09

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

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

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

FOR LINE NUMBER: (check only one)

<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: 90317.E11063
	Mailing Address P.O. Box 7247-0322	Date of Disbursement MM / DD / YYYY 02 / 10 / 2009
	City Philadelphia State PA Zip Code 19170-0322	Amount of Each Disbursement this Period 722.93
	Purpose of Disbursement Copier Equipment Lease	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 EQUIPMENT LEASE

B.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 90320.E11071
	Mailing Address 49 Chelsea St., Unit C1-307	Date of Disbursement MM / DD / YYYY 02 / 20 / 2009
	City Boston State MA Zip Code 02129-	Amount of Each Disbursement this Period 378.00
	Purpose of Disbursement Reimbursement - see below	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) ▼
		REIMBURSEMENT - SEE BELOW

C.	Full Name (Last, First, Middle Initial) Constant Contact Inc	Transaction ID: 90320.E11075
	Mailing Address 1601 Trapelo Road, Suite 329	Date of Disbursement MM / DD / YYYY 02 / 20 / 2009
	City Waltham State MA Zip Code 02451-	Amount of Each Disbursement this Period 378.00
	Purpose of Disbursement J. Nassour reimbursement for email system sign up - party related	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) ▼
		[MEMO ITEM] MEMO: J. NASSOUR REIMBURSEMENT FOR EMAIL SYSTEM SIGN UP - PARTY RELATED

SUBTOTAL of Disbursements This Page (optional)	1100.93
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

<p>A. Full Name (Last, First, Middle Initial) Jennifer Nassour</p> <p>Mailing Address 49 Chelsea St., Unit C1-307</p> <p>City Boston State MA Zip Code 02129-</p> <p>Purpose of Disbursement Reimbursement - see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90320.E11072</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="924.03"/></p> <p>REIMBURSEMENT - SEE BELOW</p>
<p>B. Full Name (Last, First, Middle Initial) Hilton Hotel</p> <p>Mailing Address 1001 16th Street NW</p> <p>City Washington State DC Zip Code 20036-</p> <p>Purpose of Disbursement J. Nassour reimbursement for lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90320.E11073</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="924.03"/></p> <p>[MEMO ITEM] MEMO: J. NASSOUR REIMBURSEMENT FOR LODGING</p>
<p>C. Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey & Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Rent and Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90317.E11048</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4405.94"/></p> <p>RENT AND UTILITIES</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5329.97"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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

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) Ox-Eye Properties	Transaction ID: 90410.E11127 Date of Disbursement 02 / 27 / 2009
	Mailing Address c/o Massey & Co. 85 Merrimac Street	Amount of Each Disbursement this Period 4435.22
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement Rent and Utilities For Office Space	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	RENT AND UTILITIES FOR OF- FICE SPACE
	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: 90317.E11037 Date of Disbursement 02 / 05 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 4737.45
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll Tax	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL TAX
	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: 90317.E11036 Date of Disbursement 02 / 05 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 1978.02
	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:	PAYROLL 401K
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► 11150.69

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90317.E11046 Date of Disbursement 02 / 10 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 230.21
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll 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) ▼
		PAYROLL FEE

B.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90317.E11047 Date of Disbursement 02 / 13 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 155.00
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement 401k 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) ▼
		401K FEE

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 90317.E11059 Date of Disbursement 02 / 19 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 1454.93
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll Tax 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 TAX

SUBTOTAL of Disbursements This Page (optional)	▶	1840.14
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Jody's Quik Print Mailing Address P.O. Box 1068 City Middleton State MA Zip Code 01949- Purpose of Disbursement Cards and Envelopes 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: 90317.E11040 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 391.75 Category/Type CARDS AND ENVELOPES

B. Full Name (Last, First, Middle Initial) Jody's Quik Print Mailing Address P.O. Box 1068 City Middleton State MA Zip Code 01949- Purpose of Disbursement Letterhead 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: 90317.E11053 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 122.75 Category/Type LETTERHEAD

C. Full Name (Last, First, Middle Initial) Boston Event Solutions Mailing Address 250 Faneuil Hall Marketplace Quincy Market Building City Boston State MA Zip Code 02109- Purpose of Disbursement Event catering for party related fundraising- non-FEA event no federal candidate 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: 90320.E11076 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 250.00 Category/Type EVENT CATERING FOR PARTY RELATED FUNDRAISING- NON-FEA EVENT NO FEDERAL CANDIDATE

SUBTOTAL of Disbursements This Page (optional) ▶	764.50
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) Staples, Inc.	Transaction ID: 90320.E11081 Date of Disbursement MM / DD / YYYY 02 / 27 / 2009
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 189.02
	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) Omni Security Systems, Inc	Transaction ID: 90317.E11062 Date of Disbursement MM / DD / YYYY 02 / 17 / 2009
	Mailing Address Pearson Plaza, PO Box 879	Amount of Each Disbursement this Period 1195.00
	City Byfield	State MA
	Zip Code 01922-	Category/ Type
	Purpose of Disbursement Service on Office Security System	SERVICE ON OFFICE SECURITY SYSTEM
	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) Omni Security Systems, Inc	Transaction ID: 90320.E11080 Date of Disbursement MM / DD / YYYY 02 / 27 / 2009
	Mailing Address Pearson Plaza, PO Box 879	Amount of Each Disbursement this Period 1000.00
	City Byfield	State MA
	Zip Code 01922-	Category/ Type
	Purpose of Disbursement Service on Office Security System	SERVICE ON OFFICE SECURITY SYSTEM
	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)	2384.02
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) T-Mobile T-Mobile	Transaction ID: 90317.E11051 Date of Disbursement 02 / 10 / 2009
	Mailing Address PO Box 790047	
	City Saint Louis State MO Zip Code 63179-	Amount of Each Disbursement this Period 159.07
	Purpose of Disbursement Phone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PHONE SERVICE

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 90317.E11052 Date of Disbursement 02 / 10 / 2009
	Mailing Address P.O. Box 1	
	City Worcester State MA Zip Code 01654-	Amount of Each Disbursement this Period 500.40
	Purpose of Disbursement Office Phone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFFICE PHONE SERVICE

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 90320.E11082 Date of Disbursement 02 / 27 / 2009
	Mailing Address P.O. Box 1	
	City Worcester State MA Zip Code 01654-	Amount of Each Disbursement this Period 100.50
	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)	759.97
TOTAL This Period (last page this line number only)	49727.22

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 36

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

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

A.	Full Name (Last, First, Middle Initial) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90317.E11033 Date of Disbursement 02 / 05 / 2009 Amount of Each Disbursement this Period 3998.67 PAYROLL
B.	Full Name (Last, First, Middle Initial) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90317.E11056 Date of Disbursement 02 / 19 / 2009 Amount of Each Disbursement this Period 1298.70 PAYROLL
C.	Full Name (Last, First, Middle Initial) Brett Kasper Mailing Address 43 Eastern Ave. Apt. 3 City Lynn State MA Zip Code 01902- 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: 90317.E11057 Date of Disbursement 02 / 19 / 2009 Amount of Each Disbursement this Period 334.05 PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	5631.42
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) Barney Keller	Transaction ID: 90317.E11034 Date of Disbursement 02 / 05 / 2009
	Mailing Address 187 Lewis Rd.	Amount of Each Disbursement this Period 1288.42
	City Belmont State MA Zip Code 02478-	
	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) Communication, Inc. Majority	Transaction ID: 90317.E11066 Date of Disbursement 02 / 10 / 2009
	Mailing Address 274 Marconi Blvd. Suite 260	Amount of Each Disbursement this Period 1000.00
	City Columbus State OH Zip Code 43215-	
	Purpose of Disbursement FEA Get Out the Vote Mailing 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) ▼
		FEA GET OUT THE VOTE MAILING

C.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 90317.E11035 Date of Disbursement 02 / 05 / 2009
	Mailing Address 1 Stony Brook Road	Amount of Each Disbursement this Period 1290.54
	City Chelmsford State MA Zip Code 01863-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	3578.96
TOTAL This Period (last page this line number only)	9210.38

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 / 36
	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 SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 6980.45	Transaction ID: LS90508.E11247	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6980.45

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

Outstanding Balance Beginning This Period 3282.16	Transaction ID: LS90513.E11259	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3282.16

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

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

1) SUBTOTALS This Period This Page (optional).....	11143.14
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)

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 SCM Associates			Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street			
City Dublin	State NH	ZIP Code 03444-	

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

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

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11262	
5416.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5416.25	

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

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11263	
32.49			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	32.49	

1) SUBTOTALS This Period This Page (optional).....	▶	5668.08
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 34 / 36
	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 SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period <input type="text" value="3395.83"/>	Transaction ID: LS90513.E11264	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3395.83"/>

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

Outstanding Balance Beginning This Period <input type="text" value="328.84"/>	Transaction ID: LS90513.E11265	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="328.84"/>

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

Outstanding Balance Beginning This Period <input type="text" value="803.20"/>	Transaction ID: LS90513.E11266	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="803.20"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4527.87"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 36 / 36
	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 mindShift Technologies, Inc.	Nature of Debt (Purpose): Original debt for IT Support party related non fea
Mailing Address PO Box 200105	
City Pittsburgh State PA ZIP Code 15251-	

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

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

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

1) SUBTOTALS This Period This Page (optional).....	3288.00
2) TOTALS This Period (last page this line number only).....	26377.09
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)	26377.09