

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 01 01 2007 through 01 31 2007

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 02 20 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">11950.90</td></tr></table>	11950.90
Y	Y	Y	Y									
2	0	0	7									
11950.90												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">11950.90</td></tr></table>	11950.90										
11950.90												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">64779.22</td></tr></table>	64779.22	<table border="1" style="width: 100%;"><tr><td align="right">64779.22</td></tr></table>	64779.22								
64779.22												
64779.22												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">76730.12</td></tr></table>	76730.12	<table border="1" style="width: 100%;"><tr><td align="right">76730.12</td></tr></table>	76730.12								
76730.12												
76730.12												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">48353.73</td></tr></table>	48353.73	<table border="1" style="width: 100%;"><tr><td align="right">48353.73</td></tr></table>	48353.73								
48353.73												
48353.73												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">28376.39</td></tr></table>	28376.39	<table border="1" style="width: 100%;"><tr><td align="right">28376.39</td></tr></table>	28376.39								
28376.39												
28376.39												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	43600.00	43600.00
(i) Itemized (use Schedule A)	19366.00	19366.00
(ii) Unitemized	62966.00	62966.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	50.00	50.00
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	63016.00	63016.00
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)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1763.22	1763.22
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))	64779.22	64779.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64779.22	64779.22

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.....	35110.39	35110.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	35110.39	35110.39
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	13243.34	13243.34
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	13243.34	13243.34
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48353.73	48353.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	48353.73	48353.73

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	63016.00	63016.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63016.00	63016.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35110.39	35110.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35110.39	35110.39

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Mariann Appley

Mailing Address 2 Commonwealth Avenue

City State Zip Code
Boston MA 02116

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

Name of Employer Self Employed Occupation Artist

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 1 / 1 8 / 2 0 0 7

Transaction ID: 70131.C163177

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Janet Bayley

Mailing Address 1002 Paradise Rd

City State Zip Code
Swampscott MA 01907

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

Name of Employer Homemaker Occupation Homemaker

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 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163543

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Robert Brace

Mailing Address 9 Jackson Pond

City State Zip Code
Dedham MA 02026

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 7

Transaction ID: 70131.C163442

Amount of Each Receipt this Period
400.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 31
	<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)
Michael Cimini

Mailing Address 8 Sidney Rd.

City State Zip Code
Sturbridge MA 01566

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

Name of Employer Occupation
Yankee Spirits President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2007

Transaction ID: 70131.C163247

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 106 Clyde St.

City State Zip Code
Newton MA 02467

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2007

Transaction ID: 70111.C163102

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Darrell Crate

Mailing Address 85 Merrimac Street Suite 400
DO NOT MAIL-call MRP for info

City State Zip Code
Boston MA 02114

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

Name of Employer Occupation
Affiliated Managers Group CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2007

Transaction ID: 70131.C163487

Amount of Each Receipt this Period
15000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **15700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<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)
Michael Cronin

Mailing Address 72 Cliff Rd.

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Weston Presidio Capital Venture Capitalist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 7

Transaction ID: 70108.C163047

Amount of Each Receipt this Period
10000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Wesley Eaton

Mailing Address 304 Brooksby Village Drive
Unit 308

City State Zip Code
Peabody MA 01960

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163544

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
John Glaser

Mailing Address 13 Putter Drive

City State Zip Code
Acton MA 01720-4221

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

Name of Employer 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 Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70131.C163545

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	12700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<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)
Frank Granara

Mailing Address 95 Shrine Rd.

City Norwell State MA Zip Code 02061

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

Name of Employer GIC Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 05 / 2007

Transaction ID: 70108.C163028

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ralph Hawkins

Mailing Address 150 High St.

City Canton State MA Zip Code 02021

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

Name of Employer Hawkins Aero Engineering Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 23 / 2007

Transaction ID: 70131.C163314

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 223 Rutledge Road

City Belmont State MA Zip Code 02478

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

Name of Employer Self Employed Occupation insurance agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 30 / 2007

Transaction ID: 70131.C163542

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<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)
William Katz

Mailing Address 11 Sunset Rd

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Ionics Inc. Chemical Engineer

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

Date of Receipt
MM / DD / YYYY
01 / 18 / 2007

Transaction ID: 70131.C163179

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Edward Michaud

Mailing Address 12 Highland St.

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Self Employed Orthodontist

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

Date of Receipt
MM / DD / YYYY
01 / 30 / 2007

Transaction ID: 70131.C163489

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
George Marshall Moriarty

Mailing Address 214 Heath Street

City State Zip Code
Newton MA 02467

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

Name of Employer Occupation
Ropes & Gray Attorney

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

Date of Receipt
MM / DD / YYYY
01 / 30 / 2007

Transaction ID: 70131.C163493

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 31
	<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

Full Name (Last, First, Middle Initial) A. Lovett Peters		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 81 Old Orchard Rd.		Transaction ID: 70131.C163490	
City State Zip Code Newton MA 02467		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Pioneer Institute	Occupation Chairman		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Frank Pickering		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 18 Strawberry Hill Lane		Transaction ID: 70111.C163087	
City State Zip Code Danvers MA 01923		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		

Full Name (Last, First, Middle Initial) C. Arthur Ryan		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 119 Mt. Pleasant Ave.		Transaction ID: 70131.C163539	
City State Zip Code Gloucester MA 01930		Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 31
	<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)
Richard Silverman

Mailing Address 18 Bonnybrook Rd.

City State Zip Code
Newton MA 02468

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
01 / 19 / 2007

Transaction ID: 70131.C163278

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 18 Bonnybrook Rd.

City State Zip Code
Newton MA 02468

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
01 / 19 / 2007

Transaction ID: 70131.C163277

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Nancy Steinmann

Mailing Address 220 Boylston St.

City State Zip Code
Boston MA 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 ▼ 1000.00

Date of Receipt
01 / 30 / 2007

Transaction ID: 70131.C163541

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)
Thomas Tierney

Mailing Address 45 Old Farm Rd.

City Wellesley State MA Zip Code 02481

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

Name of Employer Bridgespan Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
01 / 30 / 2007

Transaction ID: 70131.C163492

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Michael Vilbert

Mailing Address 11 Summer Street

City Lexington State MA Zip Code 02420

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
01 / 18 / 2007

Transaction ID: 70131.C163178

Amount of Each Receipt this Period
200.00

Receipt

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

Mailing Address One Charles Street South Apt 7-H

City Boston State MA Zip Code 02116

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

Name of Employer IXIS Asset Mgmt Group Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 30 / 2007

Transaction ID: 70131.C163540

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 31	
	(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

Mailing Address 235 Walker St. Apt 252

City	State	Zip Code
Lenox	MA	01240

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 ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	0	7

Transaction ID: 70131.C163176

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	43600.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 31
	(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)
Committee to Elect Robert Hargraves

Mailing Address PO Box 848

City Groton State MA Zip Code 01450

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

Name of Employer Campaign Committee Occupation CPF#12859

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 1 / 2 0 0 7

Transaction ID: 70111.C163096

Amount of Each Receipt this Period
 50.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	50.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 31
	<input 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 checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. The Commonwealth PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address Spencer Zwick PO Box 151		Transaction ID: 70131.C163169	
City State Zip Code Boston MA 02117-		Amount of Each Receipt this Period 881.61	
FEC ID number of contributing federal political committee. C		Other Receipt	
Name of Employer Occupation PAC FEC ID: C000403022		Note: payment for office space rental	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 881.61	

Full Name (Last, First, Middle Initial) B. The Commonwealth PAC - Iowa		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address 45 School Street 2nd Floor		Transaction ID: 70131.C163172	
City State Zip Code Boston MA 02108-		Amount of Each Receipt this Period 317.38	
FEC ID number of contributing federal political committee. C		Other Receipt	
Name of Employer Occupation		Note: payment for office space rental	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 317.38	

Full Name (Last, First, Middle Initial) C. The Commonwealth PAC - Michigan		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address 45 School Street 2nd Floor		Transaction ID: 70131.C163173	
City State Zip Code Boston MA 02108-		Amount of Each Receipt this Period 317.38	
FEC ID number of contributing federal political committee. C		Other Receipt	
Name of Employer Occupation		Note: payment for office space rental	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 317.38	

SUBTOTAL of Receipts This Page (optional) ▶	1516.37
TOTAL This Period (last page this line number only) ▶	1516.37

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 17 / 31

<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

Full Name (Last, First, Middle Initial) A. Rhonda Avola		Transaction ID: 70215.E9551 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 306 Main St. Unit 10		Amount of Each Disbursement this Period 1683.00
City Melrose State MA Zip Code 02176-	ADMINISTRATION SERVICES NON-FEA NO FEDERAL CANDIDATE	
Purpose of Disbursement ADMINISTRATION SERVICES NON-FEA NO FEDE		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) ▼	

Full Name (Last, First, Middle Initial) B. Maeve Bowman		Transaction ID: 70215.E9549 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 404 Commercial St. Apt 2		Amount of Each Disbursement this Period 891.00
City Boston State MA Zip Code 02109-	ADMINISTRATION SERVICES NON-FEA NO FEDERAL CANDIDATE	
Purpose of Disbursement ADMINISTRATION SERVICES NON-FEA NO FEDE		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) ▼	

Full Name (Last, First, Middle Initial) C. Cambridge Offset Printing		Transaction ID: 70215.E9543 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 56 Creighton Street		Amount of Each Disbursement this Period 1727.25
City Cambridge State MA Zip Code 02140-	GENERAL PRINTING NON-FEA NO FEDERAL CANDIDATE	
Purpose of Disbursement GENERAL PRINTING NON-FEA NO FEDERAL CAN		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4301.25
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

Full Name (Last, First, Middle Initial) A. Hui Jojo Deng		Transaction ID: 70118.E9512 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 117 Beaconsfield Road		Amount of Each Disbursement this Period 445.50
City Brookline State MA Zip Code 02445-	ACCOUNTING SERVICE- GENERAL ACCOUNTING NON-FEA	
Purpose of Disbursement ACCOUNTING SERVICE- GENERAL ACCOUNTING N		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) ▼	

Full Name (Last, First, Middle Initial) B. DirecTV DirecTV		Transaction ID: 70131.E9533 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address PO Box 60036		Amount of Each Disbursement this Period 299.80
City Los Angeles State CA Zip Code 90060-0036	CABLE SERVICES	
Purpose of Disbursement CABLE SERVICES		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) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express (Fed Ex)		Transaction ID: 70131.E9534 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 100.09
City Pittsburgh State PA Zip Code 15250-	EXPRESS MAIL	
Purpose of Disbursement EXPRESS MAIL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	845.39
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 31

<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

Full Name (Last, First, Middle Initial) A. Federal Express (Fed Ex)		Transaction ID: 70215.E9546 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 220.08
City Pittsburgh State PA Zip Code 15250-	Purpose of Disbursement EXPRESS MAIL Candidate Name <input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) B. Garage Government Center		Transaction ID: 70215.E9547 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 1800.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement PARKING Candidate Name <input type="checkbox"/> 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) ▼	PARKING

Full Name (Last, First, Middle Initial) C. HPH Inc. Harvard Pilgram Heal		Transaction ID: 70118.E9511 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 1200 Crown Colony Dr.		Amount of Each Disbursement this Period 2923.47
City Quincy State MA Zip Code 02169-	Purpose of Disbursement HEALTH INSURANCE Candidate Name <input type="checkbox"/> 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) ▼	HEALTH INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶	4943.55
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

Full Name (Last, First, Middle Initial) A. HPH Inc. Harvard Pilgram Heal		Transaction ID: 70215.E9544 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 1200 Crown Colony Dr.		Amount of Each Disbursement this Period 1898.48
City Quincy State MA Zip Code 02169-	Purpose of Disbursement HEALTH 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) ▼	HEALTH INSURANCE

Full Name (Last, First, Middle Initial) B. Samantha Levine		Transaction ID: 70215.E9542 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 15 Oak St.		Amount of Each Disbursement this Period 393.41
City Chestnut Hill State MA Zip Code 02467-	Purpose of Disbursement REIMBURSEMENT FOR ROOM RENTAL FOR STATE C	
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 ROOM RENTAL FOR STATE COMMITTEE MEETING

Full Name (Last, First, Middle Initial) C. Merchants Bankcard		Transaction ID: 70215.E9555 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address Fleet Bank 100 Federal Street		Amount of Each Disbursement this Period 116.99
City Boston State MA Zip Code 02110-	Purpose of Disbursement CREDIT CARD 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) ▼	CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional) ▶	2408.88
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 31

<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

Full Name (Last, First, Middle Initial) A. Merchants Bankcard		Transaction ID: 70215.E9556 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address Fleet Bank 100 Federal Street		Amount of Each Disbursement this Period 25.00
City Boston State MA Zip Code 02110-	CREDIT CARD FEE	
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) ▼	

Full Name (Last, First, Middle Initial) B. Merchants Bankcard		Transaction ID: 70215.E9557 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address Fleet Bank 100 Federal Street		Amount of Each Disbursement this Period 100.00
City Boston State MA Zip Code 02110-	CREDIT CARD FEE	
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) ▼	

Full Name (Last, First, Middle Initial) C. Konica Minolta Business Systems		Transaction ID: 70215.E9548 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 7247-0322		Amount of Each Disbursement this Period 965.60
City Philadelphia State PA Zip Code 19170-0322	COPIER RENTAL	
Purpose of Disbursement COPIER 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1090.60
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

Full Name (Last, First, Middle Initial) A. Ox-Eye Properties		Transaction ID: 70131.E9526 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address c/o Massey & Co. 85 Merrimac Street		Amount of Each Disbursement this Period 6033.34
City Boston State MA Zip Code 02114-	Category/ Type RENT	
Purpose of Disbursement RENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ox-Eye Properties		Transaction ID: 70215.E9550 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address c/o Massey & Co. 85 Merrimac Street		Amount of Each Disbursement this Period 5523.67
City Boston State MA Zip Code 02114-	Category/ Type RENT	
Purpose of Disbursement RENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex/InterPay		Transaction ID: 70220.E9579 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 151.25
City Boston State MA Zip Code 02266-	Category/ Type PAYROLL SERVICE	
Purpose of Disbursement PAYROLL 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11708.26
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

Full Name (Last, First, Middle Initial) A. Paychex/InterPay		Transaction ID: 70118.E9519 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 3564.98
City Boston State MA Zip Code 02266-	PAYROLL - TAXES	
Purpose of Disbursement PAYROLL - TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Paychex/InterPay		Transaction ID: 70220.E9580 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 160.00
City Boston State MA Zip Code 02266-	PAYROLL SERVICES-401 K	
Purpose of Disbursement PAYROLL SERVICES-401 K		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) ▼

Full Name (Last, First, Middle Initial) C. Paychex/InterPay		Transaction ID: 70131.E9532 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 2750.28
City Boston State MA Zip Code 02266-	PAYROLL - TAXES	
Purpose of Disbursement PAYROLL - TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6475.26
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

Full Name (Last, First, Middle Initial) A. Paychex/InterPay		Transaction ID: 70215.E9558 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 12.00
City Boston State MA Zip Code 02266-	PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Ruth Rice		Transaction ID: 70215.E9541 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 30 Fernview Apt 1		Amount of Each Disbursement this Period 53.80
City North Andover State MA Zip Code 01845-	REIMBURSEMENT FOR PARKING TRAVEL FOOD	
Purpose of Disbursement REIMBURSEMENT FOR PARKING TRAVEL FOOD		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) ▼

Full Name (Last, First, Middle Initial) C. SCM Associates		Transaction ID: 70215.E9545 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address Steve Meyers PO Box 720		Amount of Each Disbursement this Period 1144.63
City Jaffrey State NH Zip Code 03452-	DIRECT MAIL AND TELEMARKETING NON FEAN NO FED CANDI- DATE	
Purpose of Disbursement DIRECT MAIL AND TELEMARKETING NON FEAN		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1210.43
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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

Full Name (Last, First, Middle Initial) A. T-Mobile T-Mobile		Transaction ID: 70215.E9552	
Mailing Address PO Box 790047		Date of Disbursement 01 / 29 / 2007	
City Saint Louis	State MO	Zip Code 63179-	Amount of Each Disbursement this Period 807.58
Purpose of Disbursement PHONE SERVICE	Category/ Type		
Candidate Name	PHONE SERVICE		
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:			

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 70215.E9553	
Mailing Address P.O. Box 1		Date of Disbursement 01 / 29 / 2007	
City Worcester	State MA	Zip Code 01654-	Amount of Each Disbursement this Period 462.17
Purpose of Disbursement PHONE	Category/ Type		
Candidate Name	PHONE		
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:			

Full Name (Last, First, Middle Initial) C. Verizon- Verizon Internet Ser		Transaction ID: 70215.E9554	
Mailing Address PO Box 101096		Date of Disbursement 01 / 29 / 2007	
City Atlanta	State GA	Zip Code 30392-	Amount of Each Disbursement this Period 767.62
Purpose of Disbursement INTERNET SERVICES	Category/ Type		
Candidate Name	INTERNET SERVICES		
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)	2037.37
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

Full Name (Last, First, Middle Initial)

A. Robert Willington

Mailing Address 12 Arlington Street

City Reading State MA Zip Code 01867-

Purpose of Disbursement
REIMBURSEMENT FOR PARKING AND TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70215.E9540

Date of Disbursement

01 / 25 / 2007

Amount of Each Disbursement this Period

20.40

REIMBURSEMENT FOR PARKING AND TRAVEL

SUBTOTAL of Disbursements This Page (optional)

20.40

TOTAL This Period (last page this line number only)

35041.39

**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

Full Name (Last, First, Middle Initial) A. Brian Dodge		Transaction ID: 70118.E9513 Date of Disbursement MM / DD / YYYY 01 / 11 / 2007
Mailing Address 10 Parker Road		Amount of Each Disbursement this Period 2028.39
City Groveland	State MA Zip Code 01834-	
Purpose of Disbursement PAYROLL		
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) ▼	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) B. Brian Dodge		Transaction ID: 70131.E9528 Date of Disbursement MM / DD / YYYY 01 / 25 / 2007
Mailing Address 10 Parker Road		Amount of Each Disbursement this Period 2028.39
City Groveland	State MA Zip Code 01834-	
Purpose of Disbursement PAYROLL		
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) ▼	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) C. Bruce Harrison		Transaction ID: 70131.E9527 Date of Disbursement MM / DD / YYYY 01 / 08 / 2007
Mailing Address 101 Elm St		Amount of Each Disbursement this Period 1000.00
City Wakefield	State MA Zip Code 01880-	
Purpose of Disbursement PAYROLL-ADMINISTRATION		
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) ▼	PAYROLL-ADMINISTRATION
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5056.78
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 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. Lyndsay Jones Full Name (Last, First, Middle Initial) Mailing Address 95 West Squantum St. #605 City North Quincy State MA Zip Code 02171-		Transaction ID: 70118.E9514 Date of Disbursement 01 / 11 / 2007
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) ▼		Amount of Each Disbursement this Period 974.76 Category/Type: PAYROLL

B. Lyndsay Jones Full Name (Last, First, Middle Initial) Mailing Address 95 West Squantum St. #605 City North Quincy State MA Zip Code 02171-		Transaction ID: 70131.E9529 Date of Disbursement 01 / 25 / 2007
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) ▼		Amount of Each Disbursement this Period 974.76 Category/Type: PAYROLL

C. Samantha Levine Full Name (Last, First, Middle Initial) Mailing Address 15 Oak St. City Chestnut Hill State MA Zip Code 02467-		Transaction ID: 70118.E9515 Date of Disbursement 01 / 11 / 2007
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) ▼		Amount of Each Disbursement this Period 726.51 Category/Type: PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2676.03
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

<p>A. Full Name (Last, First, Middle Initial) Ruth Rice</p> <p>Mailing Address 30 Fernview Apt 1</p> <p>City North Andover State MA Zip Code 01845-</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70118.E9516 Date of Disbursement 01 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 914.76</p> <p>PAYROLL</p>
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<p>B. Full Name (Last, First, Middle Initial) Ruth Rice</p> <p>Mailing Address 30 Fernview Apt 1</p> <p>City North Andover State MA Zip Code 01845-</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70131.E9530 Date of Disbursement 01 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 914.76</p> <p>PAYROLL</p>
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<p>C. Full Name (Last, First, Middle Initial) Mark Rowe</p> <p>Mailing Address 216 W. Plain St.</p> <p>City Wayland State MA Zip Code 01778-</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70118.E9517 Date of Disbursement 01 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 1207.83</p> <p>PAYROLL</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p>	<p>3037.35</p>
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) Robert Willington		Transaction ID: 70118.E9518 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 12 Arlington Street		Amount of Each Disbursement this Period 1236.59
City Reading State MA Zip Code 01867-	PARYOLL	
Purpose of Disbursement PARYOLL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Robert Willington		Transaction ID: 70131.E9531 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 12 Arlington Street		Amount of Each Disbursement this Period 1236.59
City Reading State MA Zip Code 01867-	PAYROLL	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2473.18

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

13243.34

Image# 27950088673

Form/Schedule: **F3XN**

Transaction ID: **C00042622**

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