

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 09 01 2007 through 09 30 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 10 15 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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

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">2084.04</td></tr></table>	2084.04										
2084.04												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">26316.00</td></tr></table>	26316.00	<table border="1" style="width: 100%;"><tr><td align="right">454719.36</td></tr></table>	454719.36								
26316.00												
454719.36												
(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">28400.04</td></tr></table>	28400.04	<table border="1" style="width: 100%;"><tr><td align="right">466670.26</td></tr></table>	466670.26								
28400.04												
466670.26												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">25286.75</td></tr></table>	25286.75	<table border="1" style="width: 100%;"><tr><td align="right">463556.97</td></tr></table>	463556.97								
25286.75												
463556.97												
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">3113.29</td></tr></table>	3113.29	<table border="1" style="width: 100%;"><tr><td align="right">3113.29</td></tr></table>	3113.29								
3113.29												
3113.29												
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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

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	20425.00	317300.00
(i) Itemized (use Schedule A)	5891.00	102914.17
(ii) Unitemized	26316.00	420214.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	29351.73
(c) Other Political Committees (such as PACs)	26316.00	449565.90
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	2903.24
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	2250.22
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))	26316.00	454719.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26316.00	454719.36

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.....	8023.57	301863.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	8023.57	301863.82
22. Transfers to Affiliated/Other Party Committees.....	10246.73	35746.73
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	7016.45	125946.42
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	7016.45	125946.42
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25286.75	463556.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	25286.75	463556.97

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)	26316.00	449565.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26316.00	449565.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8023.57	301863.82
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2903.24
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8023.57	298960.58

**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 / 27
	<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)
Otto Anderson

Mailing Address 43 Fernwood Avenue

City State Zip Code
Bradford MA 01835

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 Y
09 / 21 / 2007

Transaction ID: 71015.C166247

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Elliot Baines

Mailing Address 360 Indian Harbor Rd.

City State Zip Code
Vero Beach FL 32963

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
09 / 27 / 2007

Transaction ID: 71015.C166378

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 64 Caldwell Farm Rd.

City State Zip Code
Byfield MA 01922

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
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: 71015.C166288

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 / 27
	<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)
Martin Begien

Mailing Address 407 Warren Street

City State Zip Code
Brookline MA 02445

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 ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2007

Transaction ID: 70915.C166192

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jean Blomfield

Mailing Address 11 Meadow Rd.

City State Zip Code
East Longmeadow MA 01028

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
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 71015.C166228

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Douglas Butler

Mailing Address 30 Julio Dr.
Apt. 245

City State Zip Code
Shrewsbury MA 01545

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
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: 71015.C166287

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 8 / 27
	<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)
Edward Chesnul

Mailing Address 26 Bellevue Avenue

City State Zip Code
Brockton MA 02302

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2007

Transaction ID: 70915.C166211

Amount of Each Receipt this Period
50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Lawrence Cohn

Mailing Address 45 Single Tree Road

City State Zip Code
Chestnut Hill MA 02467

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

Name of Employer Brigham & Womens Hospital Occupation Cardiac Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: 70915.C166184

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Nathan Couch

Mailing Address 5 High Rock Rd.

City State Zip Code
Dover MA 02030

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
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: 71015.C166301

Amount of Each Receipt this Period
75.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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 / 27
	<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

Full Name (Last, First, Middle Initial) A. Jody Dow		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 71 Leicester Street		Transaction ID: 71015.C166245
City State Zip Code Brookline MA 02445	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Dr. Elias Dow	Occupation Office Manager	Receipt
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. Wesley Eaton		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address 304 Brooksby Village Drive Unit 308		Transaction ID: 70915.C166183
City State Zip Code Peabody MA 01960	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. John Fitzpatrick		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address PO Box 954 9 Prospect Hill Road		Transaction ID: 71015.C166379
City State Zip Code Stockbridge MA 01262	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
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 10 / 27						
	(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

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

A. Full Name (Last, First, Middle Initial)
Daniel Geer

Mailing Address PO Box 244

City State Zip Code
Cambridge MA 02139

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

Name of Employer Self Employed Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: 71015.C166227

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Roderick Geer

Mailing Address 1605 Wisteria Way

City State Zip Code
Wayland MA 01778

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
MM / DD / YYYY
09 / 27 / 2007

Transaction ID: 71015.C166289

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Frederick Hafer

Mailing Address 1010 Waltham Street Apt. H291

City State Zip Code
Lexington MA 02421

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: 71015.C166248

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	250.00
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 11 / 27
	(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

Full Name (Last, First, Middle Initial) A. Henry Hall		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2007
Mailing Address 22 Randolph Street		Transaction ID: 71015.C166281
City State Zip Code Belmont MA 02478	Amount of Each Receipt this Period 500.00	
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	

Full Name (Last, First, Middle Initial) B. Alice Hardigg		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007
Mailing Address 36 Baptist Hill Rd.		Transaction ID: 70915.C166193
City State Zip Code Conway MA 01341	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Hardigg Industries, Inc.	Occupation Publications Editor	
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) C. William K. Hoskins		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2007
Mailing Address 85 E India Row Apt 20 A/B		Transaction ID: 70915.C166185
City State Zip Code Boston MA 02110-3348	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Hoskins & Associates	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6100.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2007

Transaction ID: 70915.C166190

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address Two Commonwealth Ave.
#15A

City State Zip Code
Boston MA 02116

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 71015.C166226

Amount of Each Receipt this Period
200.00

Receipt

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

Mailing Address 1311 Alger Street, SE

City State Zip Code
Grand Rapids MI 49507

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

Name of Employer Israels Design Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: 71015.C166386

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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 13 / 27
	<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 Jake Jacobson

Mailing Address 16 Highland Ave.

City State Zip Code
Cambridge MA 02139

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

Name of Employer
Self Employed

Occupation
Real Estate Developer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: 70915.C166182

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
William Lee

Mailing Address 128 Maple St

City State Zip Code
Danvers MA 01923

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

Name of Employer Information Requested

Occupation
Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: 71015.C166291

Amount of Each Receipt this Period
150.00

Receipt

C. Full Name (Last, First, Middle Initial)
Caleb Loring

Mailing Address PO Box 181

City State Zip Code
Beverly MA 01965

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

Name of Employer
Tenens Corporation

Occupation
Financial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2007

Transaction ID: 71015.C166283

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5400.00
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 14 / 27
	<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)
Caleb Loring

Mailing Address P.O. Box 235

City State Zip Code
Prides Crossing MA 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 ▼ 1350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 06 / 2007

Transaction ID: 70915.C166186

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ann Loudermilk

Mailing Address 109 Nevin Road

City State Zip Code
Weymouth MA 02190

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

Name of Employer South Shore Hospital Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 71015.C166276

Amount of Each Receipt this Period
50.00

Receipt

C. Full Name (Last, First, Middle Initial)
Salvatore Luciano

Mailing Address 8 Rodney Rd

City State Zip Code
Peabody MA 01960

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 Y
09 / 27 / 2007

Transaction ID: 71015.C166387

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 250.00

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 15 / 27
	<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

Full Name (Last, First, Middle Initial) A. Robert Maginn		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 90 Raymond Street		Transaction ID: 71015.C166246	
City State Zip Code Cambridge MA 02140	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Jenzabar	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Edward Michaud		Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2007	
Mailing Address 12 Highland St.		Transaction ID: 70915.C166180	
City State Zip Code Weston MA 02493	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Self Employed	Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00		

Full Name (Last, First, Middle Initial) C. David Parker		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 67 Carriage Way		Transaction ID: 71015.C166260	
City State Zip Code Sudbury MA 01776	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 ▼ 1020.00		

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 / 27
<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. William Sawyer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2007	
Mailing Address 15 Spring Hill Rd.		Transaction ID: 70915.C166147	
City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Clarkin, Sawyer & Phillips	Occupation Lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. E. Andrew Wilde		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 1210 Greendale Ave. Apt. E3		Transaction ID: 71015.C166262	
City State Zip Code Needham MA 02492	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 ▼ 700.00		

Full Name (Last, First, Middle Initial) C. George Young		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 235 Walker St. Apt 252		Transaction ID: 71015.C166238	
City State Zip Code Lenox MA 01240	Amount of Each Receipt this Period 300.00		
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 ▼ 900.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	20425.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 27
	(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 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 Candidate Committee Occupation 11911

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 7746.73

Date of Receipt
09 / 28 / 2007

Transaction ID: 71015.C166399

Amount of Each Receipt this Period
-7746.73

Memo

[MEMO ITEM]
transfer from fed to non-fed

B. Full Name (Last, First, Middle Initial)
Mintz Levin PAC

Mailing Address Steve Silveira
One Financial Center, 38th Floor

City Boston State MA Zip Code 02111

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

Name of Employer CPF ID: 80593 Occupation Political Action Committee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
09 / 28 / 2007

Transaction ID: 71015.C166397

Amount of Each Receipt this Period
-2500.00

Memo

[MEMO ITEM]
ML PAC transfer from fed to non-fed

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 27

<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. DirecTV DirecTV		Transaction ID: 71015.E9954 Date of Disbursement 09 / 24 / 2007
Mailing Address PO Box 60036		Amount of Each Disbursement this Period 299.80
City Los Angeles	State CA Zip Code 90060-0036	
Purpose of Disbursement CABLE SERVICE		CABLE SERVICE
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:		

Full Name (Last, First, Middle Initial) B. Federal Express (Fed Ex)		Transaction ID: 71015.E9955 Date of Disbursement 09 / 24 / 2007
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 173.06
City Pittsburgh	State PA Zip Code 15250-	
Purpose of Disbursement EXPRESS MAILS		EXPRESS MAILS
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:		

Full Name (Last, First, Middle Initial) C. Fleet Bank		Transaction ID: 71015.E9960 Date of Disbursement 09 / 04 / 2007
Mailing Address 100 Federal Street		Amount of Each Disbursement this Period 25.00
City Boston	State MA Zip Code 02110-	
Purpose of Disbursement BANK SERVICE CHARGE		BANK SERVICE CHARGE
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) ▶	497.86
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 / 27

<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. Guardian Guardian Full Name (Last, First, Middle Initial) Mailing Address Boston Group Office 1 Liberty Square City Boston State MA Zip Code 02109- Purpose of Disbursement INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70915.E9918 Date of Disbursement 09 / 01 / 2007 Amount of Each Disbursement this Period 302.03 INSURANCE
---	--	--

B. The Hampshire House Full Name (Last, First, Middle Initial) Mailing Address 84 Beacon St. City Boston State MA Zip Code 02108- Purpose of Disbursement EVENT CATERING AND ROOM 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: 70919.E9942 Date of Disbursement 09 / 06 / 2007 Amount of Each Disbursement this Period 750.00 EVENT CATERING AND ROOM
---	--	--

C. Boston Marriott Newton Full Name (Last, First, Middle Initial) Mailing Address 2345 Commonwealth Ave. City Newton State MA Zip Code 02466- Purpose of Disbursement EVENT CATERIGN AND ROOM RENTEL 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: 70919.E9943 Date of Disbursement 09 / 11 / 2007 Amount of Each Disbursement this Period 759.47 EVENT CATERIGN AND ROOM RENTEL
--	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	1811.50
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)

PAGE 20 / 27

<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)		Transaction ID: 71015.E9959																					
A. Merchants Bankcard		Date of Disbursement																					
Mailing Address Fleet Bank 100 Federal 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>9</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	4		2	0	0	7														
City Boston	State MA	Zip Code 02110-	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD FEE		<input type="text"/>	25.00																				
Candidate Name		Category/ Type																					
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:	CREDIT CARD FEE																						

Full Name (Last, First, Middle Initial)		Transaction ID: 71015.E9958																					
B. Merchants Bankcard		Date of Disbursement																					
Mailing Address Fleet Bank 100 Federal 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>9</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	4		2	0	0	7														
City Boston	State MA	Zip Code 02110-	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD FEE		<input type="text"/>	74.99																				
Candidate Name		Category/ Type																					
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:	CREDIT CARD FEE																						

Full Name (Last, First, Middle Initial)		Transaction ID: 70915.E9924																					
C. Paychex/InterPay		Date of Disbursement																					
Mailing Address PO Box 8295		<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>9</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	6		2	0	0	7														
City Boston	State MA	Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL- 401 K		<input type="text"/>	961.54																				
Candidate Name		Category/ Type																					
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:	PAYROLL- 401 K																						

SUBTOTAL of Disbursements This Page (optional)	1061.53
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: 70915.E9923 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 1357.38
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: 70915.E9925 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 198.60
City Boston State MA Zip Code 02266-	PAYROLL SERVICE FEE	
Purpose of Disbursement PAYROLL SERVICE 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. Paychex/InterPay		Transaction ID: 70915.E9937 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address PO Box 8295		Amount of Each Disbursement this Period 155.00
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1710.98
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

PAGE 22 / 27

<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: 71015.E9949	
Mailing Address PO Box 8295		Date of Disbursement 09 / 20 / 2007	
City Boston	State MA	Zip Code 02266-	Amount of Each Disbursement this Period 1980.16
Purpose of Disbursement PAYROLL-TAXES		Category/ Type	
Candidate Name		PAYROLL-TAXES	
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. Paychex/InterPay		Transaction ID: 71015.E9950	
Mailing Address PO Box 8295		Date of Disbursement 09 / 20 / 2007	
City Boston	State MA	Zip Code 02266-	Amount of Each Disbursement this Period 961.54
Purpose of Disbursement PAYROLL-401K		Category/ Type	
Candidate Name		PAYROLL-401K	
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) ►

2941.70

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

8023.57

**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 checked="" 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. Mass Republican State Committee		Transaction ID: 71015.E9951
Mailing Address 85 Merrimac Street Suite 400		Date of Disbursement MM / DD / YYYY 09 / 28 / 2007
City Boston	State MA	Amount of Each Disbursement this Period 7746.73
Zip Code 02114-		
Purpose of Disbursement COMMITTEE TO ELECT HOFMANN - TRANSFER FR		Category/ Type
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:		

Full Name (Last, First, Middle Initial) B. Mass Republican State Committee		Transaction ID: 71015.E9952
Mailing Address 85 Merrimac Street Suite 400		Date of Disbursement MM / DD / YYYY 09 / 28 / 2007
City Boston	State MA	Amount of Each Disbursement this Period 2500.00
Zip Code 02114-		
Purpose of Disbursement ML PAC - TRANSFER FROM FED TO NON-FED		Category/ Type
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)

10246.73

TOTAL This Period (last page this line number only)

10246.73

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) Kirk Dobson		Transaction ID: 70915.E9920 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
Mailing Address 1209 Boylston St.		Amount of Each Disbursement this Period 463.43
City Boston State MA Zip Code 02215-	PAYROLL	
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) ▼	

B. Full Name (Last, First, Middle Initial) Kirk Dobson		Transaction ID: 71015.E9945 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 1209 Boylston St.		Amount of Each Disbursement this Period 163.43
City Boston State MA Zip Code 02215-	PAYROLL	
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) ▼	

C. Full Name (Last, First, Middle Initial) Bruce Harrison		Transaction ID: 70919.E9941 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 7
Mailing Address 101 Elm St		Amount of Each Disbursement this Period 1000.00
City Wakefield State MA Zip Code 01880-	PAYROLL ADMINISTRATION	
Purpose of Disbursement PAYROLL ADMINISTRATION		
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) ▶	1626.86
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

Full Name (Last, First, Middle Initial) A. Lyndsay Jones		Transaction ID: 71015.E9946 Date of Disbursement 09 / 20 / 2007
Mailing Address 95 West Squantum St. #605		Amount of Each Disbursement this Period 1236.59
City North Quincy State MA Zip Code 02171-	PAYROLL	
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) ▼

Full Name (Last, First, Middle Initial) B. Peter Torkildsen		Transaction ID: 70915.E9921 Date of Disbursement 09 / 06 / 2007
Mailing Address 1 Stony Brook Road		Amount of Each Disbursement this Period 676.92
City Chelmsford State MA Zip Code 01863-	PAYROLL	
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) ▼

Full Name (Last, First, Middle Initial) C. Peter Torkildsen		Transaction ID: 71015.E9947 Date of Disbursement 09 / 20 / 2007
Mailing Address 1 Stony Brook Road		Amount of Each Disbursement this Period 676.92
City Chelmsford State MA Zip Code 01863-	PAYROLL	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2590.43
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 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. Robert Willington		Transaction ID: 70915.E9922 Date of Disbursement 09 / 06 / 2007
Mailing Address 12 Arlington Street		Amount of Each Disbursement this Period 1399.58
City Reading State MA Zip Code 01867-	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

Full Name (Last, First, Middle Initial) B. Robert Willington		Transaction ID: 71015.E9948 Date of Disbursement 09 / 20 / 2007
Mailing Address 12 Arlington Street		Amount of Each Disbursement this Period 1399.58
City Reading State MA Zip Code 01867-	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)	2799.16
TOTAL This Period (last page this line number only)	7016.45

Image# 27931356735

Form/Schedule: **F3XN**

Transaction ID: **C00042622**

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