

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Massachusetts Republican Party

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		572711.74
(b) Cash on Hand at Beginning of Reporting Period.....	401784.16	
(c) Total Receipts (from Line 19)	74018.54	356484.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	475802.70	929196.00
7. Total Disbursements (from Line 31).....	60701.18	514094.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	415101.52	415101.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Republican Party

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58620.81	63220.81
(ii) Unitemized	14465.00	33474.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	73085.81	96694.81
(b) Political Party Committees	110.00	110.00
(c) Other Political Committees (such as PACs).....	700.00	1050.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	73895.81	97854.81
12. Transfers From Affiliated/Other Party Committees.....	0.00	255871.13
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).....	122.73	2758.32
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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))..... ▶	74018.54	356484.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	74018.54	356484.26

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	33524.91	338128.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33524.91	338128.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	119083.10
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1005.81	1005.81
(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)).....	1005.81	1005.81
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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	26170.46	55877.51
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	26170.46	55877.51
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60701.18	514094.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60701.18	514094.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	73895.81	97854.81
34. Total Contribution Refunds (from Line 28(d))	1005.81	1005.81
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72890.00	96849.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	33524.91	338128.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	122.73	2758.32
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	33402.18	335369.74

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

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

FOR LINE NUMBER: PAGE 6 OF 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Massachusetts Republican Party

A. PETER L. ALCOCK JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 CHERRY BROOK ROAD
 City WESTON State MA Zip Code 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALCOCK LTD PARTNERS Occupation GENERAL PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1005.00

Date of Receipt 03 / 26 / 2013
Transaction ID : SA11.199670
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

B. MR. THOMAS ARDINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 NARCISSUS RD
 City LEOMINSTER State MA Zip Code 01453
 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 03 / 05 / 2013
Transaction ID : SA11.199492
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION

C. MR. THOMAS ARDINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 NARCISSUS RD
 City LEOMINSTER State MA Zip Code 01453
 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 03 / 07 / 2013
Transaction ID : SA11.199505
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 40
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Massachusetts Republican Party

Full Name (Last, First, Middle Initial)
A. MR. ROBERT BRACE

Mailing Address **20 LONGWOOD DR
#276**

City **WESTWOOD** State **MA** Zip Code **02090**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
03 / 05 / 2013

Transaction ID : SA11.199458

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. TIMOTHY BUCKLEY

Mailing Address **55 W BROADWAY
APT. 8**

City **SOUTH BOSTON** State **MA** Zip Code **02127**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.71**

Date of Receipt
03 / 12 / 2013

Transaction ID : SA11.199725

Amount of Each Receipt this Period
219.71

IN-KIND: MOBILE PHONE EXPENSE

Full Name (Last, First, Middle Initial)
C. MR. NELSON BURBANK

Mailing Address **24 JUNIPER CIR**

City **READING** State **MA** Zip Code **01867**

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
03 / 26 / 2013

Transaction ID : SA11.199687

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **1719.71**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 40
	<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 Party

A. A. BRADFORD CARD
Full Name (Last, First, Middle Initial)
Mailing Address 896 HELGA PLACE
City MCLEAN State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer DUTKO GRAYLING Occupation MANAGING PRINCIPAL
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2013
Transaction ID : SA11.199671
Amount of Each Receipt this Period 500.00
CONTRIBUTION

B. MR. GEORGE DAVIS
Full Name (Last, First, Middle Initial)
Mailing Address 110 INDUSTRIAL DR
City HOLDEN State MA Zip Code 01520
FEC ID number of contributing federal political committee. **C**
Name of Employer INNER-TITE CORP. Occupation PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2013
Transaction ID : SA11.199559
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. MR. VINCENT DEVITO
Full Name (Last, First, Middle Initial)
Mailing Address 68 LINDEN ST
City WELLESLEY State MA Zip Code 02482
FEC ID number of contributing federal political committee. **C**
Name of Employer BOWDITCH & DEWEY Occupation ATTORNEY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 26 / 2013
Transaction ID : SA11.199673
Amount of Each Receipt this Period 325.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1075.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 40
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Massachusetts Republican Party

Full Name (Last, First, Middle Initial)
A. MR. JOHN ESLER

Mailing Address 5 POINT WAY

City State Zip Code
SUTTON MA 01590

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

Name of Employer Occupation
RENEWAL BY ANDERSEN CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
03 / 26 / 2013
Transaction ID : SA11.199663

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. GABRIEL E. GOMEZ

Mailing Address 59 HIGHLAND AVENUE

City State Zip Code
COHASSET MA 02025

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

Name of Employer Occupation
ADVENT INTERNATIONAL PRINCIPAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 07 / 2013
Transaction ID : SA11.199504

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. WILLIAM K. HOSKINS

Mailing Address 85 E INDIA ROW
APT. 20A

City State Zip Code
BOSTON MA 02110

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

Name of Employer Occupation
HOSKINS & ASSOCIATES EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 31 / 2013
Transaction ID : SA11.199718

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 17500.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 40
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Massachusetts Republican Party

Full Name (Last, First, Middle Initial)
A. JEAN INMAN

Mailing Address 457 CENTRAL ST

City AVON State MA Zip Code 02322

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

Name of Employer NEW ENGLAND CENTER FOR NUTRITION ED Occupation EDUCATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 07 / 2013
Transaction ID : SA11.199502

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ELIZABETH B. JOHNSON

Mailing Address ONE CHARLES RIVER SQUARE

City BOSTON State MA Zip Code 02114

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
03 / 07 / 2013
Transaction ID : SA11.199509

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MRS. JEANNE KANGAS

Mailing Address 959 HILL RD

City BOXBOROUGH State MA Zip Code 01719

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

Name of Employer ARNOLD & KANGAS, P.C. Occupation LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 11 / 2013
Transaction ID : SA11.199541

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 40
	<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 Party

A. MR. RONALD C. KAUFMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 BEACON ST
 UNIT 2
 City BOSTON State MA Zip Code 02116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCKENNA LONG & ALDRIDGE LLP Occupation SENIOR STRATEGIC ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2013
Transaction ID : SA11.199667
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. MR. THOMAS A. KERSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 BEACON ST
 City BOSTON State MA Zip Code 02108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAMPSHIRE HOUSE RESTAURANT Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 03 / 22 / 2013
Transaction ID : SA11.199611
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

C. BETTY D. KNOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 456 HILL STREET
 City WHITINSVILLE State MA Zip Code 01588
 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 ▼ 7500.00

Date of Receipt 03 / 31 / 2013
Transaction ID : SA11.199719
 Amount of Each Receipt this Period 5000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	10500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 40
	<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 Party

A. MR. JAMES M. KNOTT SR
Full Name (Last, First, Middle Initial)

Mailing Address 456 HILL ST

City WHITINSVILLE State MA Zip Code 01588

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

Name of Employer RIVERDALE MILLS CORPORATION Occupation PRESIDENT/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2013
Transaction ID : SA11.199717

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

B. MS. MINDY MCKENZIE-HEBERT
Full Name (Last, First, Middle Initial)

Mailing Address 5 WOODCHUCK HILL RD

City SHREWSBURY State MA Zip Code 01545

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

Name of Employer UNEMPLOYED Occupation MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : SA11.199281

Amount of Each Receipt this Period
 20.00

CONTRIBUTION

C. MS. MINDY MCKENZIE-HEBERT
Full Name (Last, First, Middle Initial)

Mailing Address 5 WOODCHUCK HILL RD

City SHREWSBURY State MA Zip Code 01545

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

Name of Employer UNEMPLOYED Occupation MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2013
Transaction ID : SA11.199680

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6020.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 40
	<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 Party

A. MR. P ANDREWS MCLANE
Full Name (Last, First, Middle Initial)

Mailing Address 77 DEAN RD

City WESTON	State MA	Zip Code 02493
----------------	-------------	-------------------

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

Name of Employer TA ASSOCIATES, INC.	Occupation PRIVATE EQUITY INVESTMENTS
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2013

Transaction ID : SA11.199664

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. MR. FREDERICK MUZI
Full Name (Last, First, Middle Initial)

Mailing Address 10 POWISSETT ST

City DOVER	State MA	Zip Code 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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2013

Transaction ID : SA11.199714

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. MR. ALBERT PALADINO
Full Name (Last, First, Middle Initial)

Mailing Address 12 WACHUSETT RD

City CHESTNUT HILL	State MA	Zip Code 02467
-----------------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation CONSULTANT
-----------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2013

Transaction ID : SA11.199507

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 40
	<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 Party

Full Name (Last, First, Middle Initial)
A. BOB PENTA

Mailing Address **242 FERRY ST.**

City **EVERETT** State **MA** Zip Code **02149**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
03 / 15 / 2013

Transaction ID : SA11.199726

Amount of Each Receipt this Period
400.00

IN-KIND: UTILITIES

Full Name (Last, First, Middle Initial)
B. SEAN POWERS

Mailing Address **PO BOX 850263**

City **BRAINTREE** State **MA** Zip Code **02185**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **386.10**

Date of Receipt
03 / 12 / 2013

Transaction ID : SA11.199724

Amount of Each Receipt this Period
386.10

IN-KIND: SEE MEMO TEXT

EMPLOYEE BENEFITS/MOBILE PHONE/POSTAGE

Full Name (Last, First, Middle Initial)
C. PETER JAMES SMAIL

Mailing Address **81 BEACON ST.**

City **BOSTON** State **MA** Zip Code **02108**

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

Name of Employer Occupation
SELF EMPLOYED **MUTUAL FUND BOARD DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
03 / 26 / 2013

Transaction ID : SA11.199635

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1786.10**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 40
	<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 Party

A. MR. STEVEN J. SNIDER
Full Name (Last, First, Middle Initial)

Mailing Address 122 SHORNECLIFFE RD

City NEWTON	State MA	Zip Code 02458
----------------	-------------	-------------------

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 ▼
7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

Transaction ID : SA11.199551

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. WILLIAM WELD
Full Name (Last, First, Middle Initial)

Mailing Address 35 ASH ST

City CAMBRIDGE	State MA	Zip Code 02138
-------------------	-------------	-------------------

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

Name of Employer MINTZ LEVIN	Occupation LAWYER
---------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2013

Transaction ID : SA11.199708

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. MR. DANIEL WINSLOW
Full Name (Last, First, Middle Initial)

Mailing Address 17 FREDRICKSON RD

City NORFOLK	State MA	Zip Code 02056
-----------------	-------------	-------------------

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

Name of Employer COMMONWEALTH OF MA	Occupation STATE REPRESENTATIVE
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2013

Transaction ID : SA11.199350

Amount of Each Receipt this Period
20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6020.00
TOTAL This Period (last page this line number only).....	58620.81

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 40
<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 Party

Full Name (Last, First, Middle Initial)
A. COMMITTEE TO ELECT SHEILA HARRINGTON

Mailing Address P.O. BOX 62

City State Zip Code
PEPPERELL MA 01463

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
03 / 26 / 2013
Transaction ID : SA11.199682

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. COMMITTEE TO ELECT VINNY DEMACEDO

Mailing Address 54 MOUNTAIN HILL RD

City State Zip Code
PLYMOUTH MA 02360

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
03 / 26 / 2013
Transaction ID : SA11.199723

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. THE JONES COMMITTEE

Mailing Address 249 PARK ST

City State Zip Code
NORTH READING MA 01864

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 26 / 2013
Transaction ID : SA11.199674

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 17 OF 40
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input checked="" type="checkbox"/> 11c <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 Party

A. SCM ASSOCIATES, INC.
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 254

City DUBLIN	State NH	Zip Code 03444
----------------	-------------	-------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	22	/	2013

Transaction ID : M4.SA15.0001

Amount of Each Receipt this Period
122.73

VENDOR REFUND: DIRECT MAIL

B.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	122.73
TOTAL This Period (last page this line number only).....▶	122.73

**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)

<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 Party

Full Name (Last, First, Middle Initial)

A. TIMOTHY BUCKLEY

Mailing Address 55 W BROADWAY
APT. 8

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement
IN-KIND: MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0043

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. TIMOTHY BUCKLEY

Mailing Address 55 W BROADWAY
APT. 8

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0044

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. TOM DALEY

Mailing Address 51 HIGH ROCK ROAD

City HOLLISTON State MA Zip Code 01746

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0045

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<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 Party

Full Name (Last, First, Middle Initial)

A. KIRSTEN HUGHES

Mailing Address 116 WILLOW AVENUE

City QUINCY State MA Zip Code 02170

Purpose of Disbursement
TRAVEL: MEALS/PARKING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013

Transaction ID : M4.SB21B.0046

Amount of Each Disbursement this Period

188.23

Full Name (Last, First, Middle Initial)

B. BOB PENTA

Mailing Address 242 FERRY ST.

City EVERETT State MA Zip Code 02149

Purpose of Disbursement
IN-KIND: UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : M4.SB21B.0047

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. SEAN POWERS

Mailing Address PO BOX 850263

City BRAINTREE State MA Zip Code 02185

Purpose of Disbursement
IN-KIND: EMPLOYEE BENEFITS/MOBILE PHONE/

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013

Transaction ID : M4.SB21B.0048

Amount of Each Disbursement this Period

386.10

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

974.33

**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 Party

Full Name (Last, First, Middle Initial)

A. SEAN POWERS

Mailing Address PO BOX 850263

City BRAintree State MA Zip Code 02185

Purpose of Disbursement
TRAVEL: MILEAGE/PARKING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : M4.SB21B.0049

Amount of Each Disbursement this Period

65.00

Full Name (Last, First, Middle Initial)

B. JERI L. ZUCKER

Mailing Address 28 EXETER STREET
APARTMENT# 808

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : M4.SB21B.0050

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BOULEVARD

City FORTH WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : M4.SB21B.0001

Amount of Each Disbursement this Period

411.80

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1476.80

**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 Party

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS MERCHANT SERVICES

Mailing Address PO BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : M4.SB21B.0002

Amount of Each Disbursement this Period

7.95

B. AMERICAN EXPRESS MERCHANT SERVICES

Mailing Address PO BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2013

Transaction ID : M4.SB21B.0003

Amount of Each Disbursement this Period

12.68

C. APPLIED STRATEGIC PLANNING

Mailing Address 6 OAKLAND ROAD

City READING State MA Zip Code 01867

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : M4.SB21B.0004

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

220.63

**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 Party

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : M4.SB21B.0005

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : M4.SB21B.0006

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. BFSDANIELS

Mailing Address 12 CHANNEL ST.

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2013

Transaction ID : M4.SB21B.0007

Amount of Each Disbursement this Period

2206.19

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2241.19

**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 Party

Full Name (Last, First, Middle Initial)

A. BIG FOOT MOVING & STORAGE, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2013

Mailing Address 30 PARK AVENUE

Transaction ID : M4.SB21B.0008

City ARLINGTON State MA Zip Code 02476

Amount of Each Disbursement this Period

635.00

Purpose of Disbursement
FILE STORAGE

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. BOSTON GLOBE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2013

Mailing Address 135 MORRISSEY BLVD

Transaction ID : M4.SB21B.0009

City BOSTON State MA Zip Code 02205

Amount of Each Disbursement this Period

15.96

Purpose of Disbursement
SUBSCRIPTIONS

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. BYTEBULB

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2013

Mailing Address PO BOX 2216

Transaction ID : M4.SB21B.0010

City HANOVER State MA Zip Code 02339

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
TECHNOLOGY CONSULTING

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

800.96

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. CAMBRIDGE OFFSET PRINTING

Mailing Address 56 CREIGHTON ST.

City CAMBRIDGE State MA Zip Code 02140

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2013

Transaction ID : M4.SB21B.0011

Amount of Each Disbursement this Period

69.06

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2013

Transaction ID : M4.SB21B.0012

Amount of Each Disbursement this Period

44.50

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
DATA MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013

Transaction ID : M4.SB21B.0013

Amount of Each Disbursement this Period

950.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1063.56

**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 Party

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0014

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0015

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DYNAMIC SOLUTIONS

Mailing Address 142 COMMERCIAL STREET

City State Zip Code
BOSTON MA 02109

Purpose of Disbursement
IT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0016

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<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 Party

Full Name (Last, First, Middle Initial)

A. ELAVON

Mailing Address ONE CONCOURSE PARKWAY
STE 300

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2013

Transaction ID : M4.SB21B.0017

Amount of Each Disbursement this Period

316.62

Full Name (Last, First, Middle Initial)

B. FOUR'S BOSTON RESTAURANT

Mailing Address 166 CANAL STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2013

Transaction ID : M4.SB21B.0018

Amount of Each Disbursement this Period

94.88

Full Name (Last, First, Middle Initial)

C. GEN X CONSULTING DEAN CAVARETTA

Mailing Address POST OFFICE BOX 136

City STOW State MA Zip Code 01775

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2013

Transaction ID : M4.SB21B.0019

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4411.50

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

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

Use separate schedule(s)
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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 Party

Full Name (Last, First, Middle Initial)

A. HALFTIME PIZZA

Mailing Address 115 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : M4.SB21B.0020

Amount of Each Disbursement this Period

61.10

Full Name (Last, First, Middle Initial)

B. HEALTH SERVICES ADMINISTRATOR

Mailing Address 135 WOOD RD

City BRAintree State MA Zip Code 02184

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : M4.SB21B.0021

Amount of Each Disbursement this Period

393.27

Full Name (Last, First, Middle Initial)

C. ICONTACT CORP

Mailing Address 5221 PARAMOUNT PKWY
STE 200

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
ONLINE SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : M4.SB21B.0022

Amount of Each Disbursement this Period

149.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

603.37

**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)

<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 Party

Full Name (Last, First, Middle Initial)

A. INTUIT INC.

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
ONLINE SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2013

Transaction ID : M4.SB21B.0023

Amount of Each Disbursement this Period

42.45

Full Name (Last, First, Middle Initial)

B. MARATHON MOVING COMPANY

Mailing Address 129 YORK AVENUE

City RANDOLPH State MA Zip Code 02368

Purpose of Disbursement
MOVING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : M4.SB21B.0024

Amount of Each Disbursement this Period

130.00

Full Name (Last, First, Middle Initial)

C. MARRIOTT BOSTON/NEWTON

Mailing Address 2345 COMMONWEALTH AVE

City NEWTON State MA Zip Code 02466

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2013

Transaction ID : M4.SB21B.0025

Amount of Each Disbursement this Period

658.51

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

830.96

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

Use separate schedule(s)
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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 Party

Full Name (Last, First, Middle Initial)

A. MERCHANT BANKCARD

Mailing Address 1700 N DIXIE HWY
STE 125

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0026

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. MERCHANT BANKCARD

Mailing Address 1700 N DIXIE HWY
STE 125

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0027

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. MERCHANT BANKCARD

Mailing Address 1700 N DIXIE HWY
STE 125

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0028

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<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 Party

Full Name (Last, First, Middle Initial)

A. NATIONAL GRID (DANVERS GAS)

Mailing Address PO BOX 11735

City NEWARK State NJ Zip Code 07101-4735

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : M4.SB21B.0029

Amount of Each Disbursement this Period

273.88

Full Name (Last, First, Middle Initial)

B. O'BRIEN COMMUNICATIONS, INC.

Mailing Address PO BOX 659

City WRENTHAM State MA Zip Code 02093

Purpose of Disbursement
EQUIPMENT MAINTENANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : M4.SB21B.0030

Amount of Each Disbursement this Period

115.00

Full Name (Last, First, Middle Initial)

C. OMNI SECURITY SYSTEMS INC

Mailing Address PO BOX 879

City BYFIELD State MA Zip Code 01922

Purpose of Disbursement
SECURITY EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2013

Transaction ID : M4.SB21B.0031

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

688.88

**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 Party

Full Name (Last, First, Middle Initial)

A. ORBITZ

Mailing Address 500 WEST MADISON STREET
SUITE 1000

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0032

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PIRYX, INC.

Mailing Address 144 SECOND ST
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0033

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
POSTAGE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0034

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<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 Party

Full Name (Last, First, Middle Initial)

A. STANDARD PARKING CORPORATION

Mailing Address 900 NORTH MICHIGAN AVENUE
SUITE 1600

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2013

Transaction ID : M4.SB21B.0035

Amount of Each Disbursement this Period

286.00

Full Name (Last, First, Middle Initial)

B. STANDARD PARKING CORPORATION

Mailing Address 900 NORTH MICHIGAN AVENUE
SUITE 1600

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2013

Transaction ID : M4.SB21B.0036

Amount of Each Disbursement this Period

173.00

Full Name (Last, First, Middle Initial)

C. STATE BOOKSTORE

Mailing Address MASSACHUSETTS STATE HOUSE
ROOM 116

City BOSTON State MA Zip Code 02133

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : M4.SB21B.0037

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

534.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. SUNOCO

Mailing Address 1735 MARKET STREET
SUITE LL

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0038

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. TAJ HOTEL BOSTON

Mailing Address 15 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0039

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. TAJ HOTEL BOSTON

Mailing Address 15 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB21B.0040

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<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 Party

Full Name (Last, First, Middle Initial)

A. U.S. DEPARTMENT OF LABOR

Mailing Address **FRANCES PERKINS BUILDING
200 CONSTITUTION AVENUE, NW**

City **WASHINGTON** State **DC** Zip Code **20210**

Purpose of Disbursement
PRINTING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2013

Transaction ID : M4.SB21B.0041

Amount of Each Disbursement this Period

207.75

Full Name (Last, First, Middle Initial)

B. WUFOO

Mailing Address **12157 W LINBAUGH AVE
PMB 327**

City **TAMPA** State **FL** Zip Code **33626**

Purpose of Disbursement
WEBSITE MAINTENANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2013

Transaction ID : M4.SB21B.0042

Amount of Each Disbursement this Period

14.95

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

222.70

33524.91

**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 checked="" 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 Party

Full Name (Last, First, Middle Initial)

A. TIMOTHY BUCKLEY

Mailing Address 55 W BROADWAY
APT. 8

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013

Transaction ID : M4.SB28A.0001

Amount of Each Disbursement this Period

219.71

Full Name (Last, First, Middle Initial)

B. BOB PENTA

Mailing Address 242 FERRY ST.

City EVERETT State MA Zip Code 02149

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : M4.SB28A.0002

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. SEAN POWERS

Mailing Address PO BOX 850263

City BRAINTREE State MA Zip Code 02185

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013

Transaction ID : M4.SB28A.0003

Amount of Each Disbursement this Period

386.10

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1005.81

1005.81

**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 Party

Full Name (Last, First, Middle Initial)

A. TIMOTHY BUCKLEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : M4.SB30B.0005

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. TIMOTHY BUCKLEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : M4.SB30B.0006

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. JOSEPH DOIRON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : M4.SB30B.0007

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<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 Party

Full Name (Last, First, Middle Initial)

A. JEFFERY LAPORTE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB30B.0008

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. NATE LITTLE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB30B.0009

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. NATE LITTLE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB30B.0010

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<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 Party

Full Name (Last, First, Middle Initial)

A. SEAN POWERS

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2013

Transaction ID : M4.SB30B.0011

Amount of Each Disbursement this Period

1620.00

Full Name (Last, First, Middle Initial)

B. PRISCILLA RUZZO

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2013

Transaction ID : M4.SB30B.0012

Amount of Each Disbursement this Period

2307.70

Full Name (Last, First, Middle Initial)

C. PRISCILLA RUZZO

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2013

Transaction ID : M4.SB30B.0013

Amount of Each Disbursement this Period

2307.70

SUBTOTAL of Disbursements This Page (optional)..... ▶

6235.40

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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 Party

Full Name (Last, First, Middle Initial)

A. CHRISTINE SMAIL

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB30B.0014

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CHRISTINE SMAIL

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB30B.0015

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PAYRIGHT PAYROLL SERVICES

Mailing Address 468 GREAT ROAD
#5

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : M4.SB30B.0001

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<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 Party

Full Name (Last, First, Middle Initial)

A. PAYRIGHT PAYROLL SERVICES

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	3

Mailing Address 468 GREAT ROAD
#5

Transaction ID : M4.SB30B.0002

City ACTON State MA Zip Code 01720

Amount of Each Disbursement this Period

1	4	4	5	.	2	4
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Purpose of Disbursement
PAYROLL TAXES

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. PAYRIGHT PAYROLL SERVICES

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	3

Mailing Address 468 GREAT ROAD
#5

Transaction ID : M4.SB30B.0003

City ACTON State MA Zip Code 01720

Amount of Each Disbursement this Period

4	7	.	9	0
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Purpose of Disbursement
PAYROLL FEES

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. PAYRIGHT PAYROLL SERVICES

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	3

Mailing Address 468 GREAT ROAD
#5

Transaction ID : M4.SB30B.0004

City ACTON State MA Zip Code 01720

Amount of Each Disbursement this Period

1	6	9	9	.	2	6
---	---	---	---	---	---	---

Purpose of Disbursement
PAYROLL TAXES

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	1	9	2	.	4	0
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2	6	1	7	.	0	4	6
---	---	---	---	---	---	---	---