

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 (12S)
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 2010 through 09 30 2010

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 17 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		80412.05
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	429956.79									
(c) Total Receipts (from Line 19)	255407.00	2261433.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	685363.79	2341845.80								
7. Total Disbursements (from Line 31)	186109.68	1842591.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	499254.11	499254.11								
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)	5660.20									

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

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

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)	200250.00	1212921.50
(ii) Unitemized	335.00	54510.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	200585.00	1267432.38
(b) Political Party Committees	0.00	55.00
(c) Other Political Committees (such as PACs)	10000.00	46922.37
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	210585.00	1314409.75
12. Transfers From Affiliated/Other Party Committees	44822.00	947024.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	255407.00	2261433.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	255407.00	2261433.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	123362.79	906058.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	123362.79	906058.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	677026.52
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	62746.89	259506.72
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	62746.89	259506.72
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	186109.68	1842591.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	186109.68	1842591.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	210585.00	1314409.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	210585.00	1314409.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	123362.79	906058.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	123362.79	906058.45

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

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

FOR LINE NUMBER: PAGE 6 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Abbott Laboratories PAC

Mailing Address Maria Cahill
100 Abbott Park Road

City State Zip Code
North Chicago IL 60064

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation
PAC FEC ID: C00040279

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 01016.C186036

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 2000 N 14th st. Suite 450

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
PAC FEC ID # C00283135

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: 01016.C185954

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

TOTAL This Period (last page this line number only) ► **10000.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jesse Baker

Mailing Address 8 Marlborough Street

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 ▼ 5000.00

Date of Receipt 09 / 29 / 2010
Transaction ID: 01016.C186046
Amount of Each Receipt this Period 5000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Timothy Barrows

Mailing Address 18 Wedgemere Ave

City State Zip Code
Winchester MA 01890

FEC ID number of contributing federal political committee. C

Name of Employer Matrix Partners Occupation Venture Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 09 / 15 / 2010
Transaction ID: 00920.C185748
Amount of Each Receipt this Period 15000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Timothy Barrows

Mailing Address 18 Wedgemere Ave

City State Zip Code
Winchester MA 01890

FEC ID number of contributing federal political committee. C

Name of Employer Matrix Partners Occupation Venture Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 15 / 2010
Transaction ID: 00920.C185749
Amount of Each Receipt this Period -5000.00
Receipt

SUBTOTAL of Receipts This Page (optional) 15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joseph Bonasera
Mailing Address 80 N Border Rd
City Winchester State MA Zip Code 01890
FEC ID number of contributing federal political committee. **C**
Name of Employer Summit Financial Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
09 / 30 / 2010
Transaction ID: 01016.C186078
Amount of Each Receipt this Period 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Michael Brait
Mailing Address 226 Maple St.
City Boston State MA Zip Code 02132
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Self employed
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ -5000.00
Date of Receipt MM / DD / YYYY
09 / 29 / 2010
Transaction ID: 01016.C186027
Amount of Each Receipt this Period -5000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Michael Brait
Mailing Address 226 Maple St.
City Boston State MA Zip Code 02132
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Self employed
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00
Date of Receipt MM / DD / YYYY
09 / 29 / 2010
Transaction ID: 01016.C186026
Amount of Each Receipt this Period 15000.00
Receipt

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: PAGE 9 / 49
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Robert Brait</p> <p>Mailing Address 181 Hillcrest Rd</p> <p>City State Zip Code Marshfield MA 02050</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self employed</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 15000.00</p>	<p>Date of Receipt 09 / 29 / 2010</p> <p>Transaction ID: 01016.C186020</p> <p>Amount of Each Receipt this Period 15000.00</p> <p>Receipt</p>
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<p>B. Full Name (Last, First, Middle Initial) Robert Brait</p> <p>Mailing Address 181 Hillcrest Rd</p> <p>City State Zip Code Marshfield MA 02050</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self employed</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 10000.00</p>	<p>Date of Receipt 09 / 29 / 2010</p> <p>Transaction ID: 01016.C186021</p> <p>Amount of Each Receipt this Period -5000.00</p> <p>Receipt</p>
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<p>C. Full Name (Last, First, Middle Initial) Stephen Brait</p> <p>Mailing Address 506 Plain St</p> <p>City State Zip Code Marshfield MA 02050</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self employed</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 15000.00</p>	<p>Date of Receipt 09 / 29 / 2010</p> <p>Transaction ID: 01016.C186023</p> <p>Amount of Each Receipt this Period 15000.00</p> <p>Receipt</p>
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SUBTOTAL of Receipts This Page (optional)	25000.00
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 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stephen Brait
 Mailing Address 506 Plain St
 City State Zip Code
 Marshfield MA 02050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Self employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00
 Date of Receipt 09 / 29 / 2010
Transaction ID: 01016.C186024
 Amount of Each Receipt this Period -5000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Kathy Campanella
 Mailing Address 46 River Road
 City State Zip Code
 Weston MA 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00
 Date of Receipt 09 / 14 / 2010
Transaction ID: 00920.C185744
 Amount of Each Receipt this Period 10000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Brenda Carlin
 Mailing Address Po Box 1174
 City State Zip Code
 Boca Grande FL 33921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Homemaker Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ -5000.00
 Date of Receipt 09 / 30 / 2010
Transaction ID: 01016.C186085
 Amount of Each Receipt this Period -5000.00
 Receipt

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 49
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Brenda Carlin

Mailing Address Po Box 1174

City State Zip Code
Boca Grande FL 33921

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: 01016.C186084

Amount of Each Receipt this Period
10000.00

Receipt

B. Full Name (Last, First, Middle Initial)
James Carlin

Mailing Address c/o Twin Ledges
PO BOX 1174

City State Zip Code
Boca Grande FL 33921-1174

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

Name of Employer Occupation
Carlin Consolidated, Inc. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ -5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: 01016.C186082

Amount of Each Receipt this Period
-5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
James Carlin

Mailing Address c/o Twin Ledges
PO BOX 1174

City State Zip Code
Boca Grande FL 33921-1174

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

Name of Employer Occupation
Carlin Consolidated, Inc. CEO

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 / 30 / 2010

Transaction ID: 01016.C186081

Amount of Each Receipt this Period
15000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 20000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joseph Carlucci
Mailing Address 5 Penryn Way
City State Zip Code
Rockport MA 01966
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 ▼ 5000.00
Date of Receipt 09 / 30 / 2010
Transaction ID: 01016.C186089
Amount of Each Receipt this Period 5000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Virginia Dacier
Mailing Address 92 Woodland St.
City State Zip Code
Sherborn MA 01770
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ -5000.00
Date of Receipt 09 / 10 / 2010
Transaction ID: 00920.C185666
Amount of Each Receipt this Period -5000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Virginia Dacier
Mailing Address 92 Woodland St.
City State Zip Code
Sherborn MA 01770
FEC ID number of contributing federal political committee. **C**
Name of Employer Homemaker Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 09 / 10 / 2010
Transaction ID: 00920.C185658
Amount of Each Receipt this Period 10000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 10000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Douglas Drane

Mailing Address 3 Hedge Ln

City State Zip Code
Austin TX 78746

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

Name of Employer Self Employed Occupation Entrepreneur

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: 00920.C185771

Amount of Each Receipt this Period
10000.00

Receipt

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

Mailing Address One Post Office Sq. STE. 3500

City State Zip Code
Boston MA 02109

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	1	0

Transaction ID: 00920.C185772

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 974 South Ocean Blvd

City State Zip Code
Palm Beach FL 33480

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

Name of Employer The Oxbow Group Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	1	0

Transaction ID: 01016.C185958

Amount of Each Receipt this Period
15000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **30000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
William Koch

Mailing Address 974 South Ocean Blvd

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
The Oxbow Group President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: 01016.C185959

Amount of Each Receipt this Period
-5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Jeff A. Leerink

Mailing Address 304 Commonwealth Ave #3

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 00920.C185652

Amount of Each Receipt this Period
10000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Jeff A. Leerink

Mailing Address 304 Commonwealth Ave #3

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: 00920.C185654

Amount of Each Receipt this Period
-5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 49
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donna Marriott

Mailing Address Marriott Drive

City Washington State DC Zip Code 20058

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

Name of Employer At Home Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
-5000.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: 01016.C185786

Amount of Each Receipt this Period
-5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Donna Marriott

Mailing Address Marriott Drive

City Washington State DC Zip Code 20058

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

Name of Employer At Home Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: 01016.C185785

Amount of Each Receipt this Period
15000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
James McManus

Mailing Address 88 Chestnut St

City Weston State MA Zip Code 02493

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

Name of Employer Self Employed Occupation Commercial Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: 01016.C186087

Amount of Each Receipt this Period
1000.00

Receipt

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: PAGE 16 / 49
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Alfred Molinari

Mailing Address PO Box 468

City State Zip Code
Southborough MA 01772

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

Name of Employer Data Translation Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ -5000.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: 00920.C185763
Amount of Each Receipt this Period: -5000.00
Receipt

B.

Full Name (Last, First, Middle Initial)
Alfred Molinari

Mailing Address PO Box 468

City State Zip Code
Southborough MA 01772

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

Name of Employer Data Translation Inc Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: 00920.C185762
Amount of Each Receipt this Period: 15000.00
Receipt

C.

Full Name (Last, First, Middle Initial)
Paul Moore

Mailing Address 51 Baker Place

City State Zip Code
Newton MA 02462

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

Name of Employer Dwane Moris Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 25 / 2010
Transaction ID: 01016.C185981
Amount of Each Receipt this Period: 1000.00
Receipt

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: PAGE 17 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rodger Nordblom
Mailing Address 200 Barnes Hill Rd.
City Concord State MA Zip Code 01742
FEC ID number of contributing federal political committee. **C**
Name of Employer Nordblom Company Occupation Real Estate Develop.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 09 / 20 / 2010
Transaction ID: 01016.C185780
Amount of Each Receipt this Period 5000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Cozen OConnor PAC
Mailing Address 1900 Market St.
City Philadelphia State PA Zip Code 19103
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 09 / 10 / 2010
Transaction ID: 00920.C185648
Amount of Each Receipt this Period 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Gail Radley
Mailing Address 255 Country Club Road
City Dedham State MA Zip Code 02026
FEC ID number of contributing federal political committee. **C**
Name of Employer At Home Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 09 / 30 / 2010
Transaction ID: 01016.C186141
Amount of Each Receipt this Period 10000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 15500.00
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 18 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Robert Roell	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 9 Stimson Ave	Transaction ID: 01016.C185987
	City State Zip Code Lexington MA 02421	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Ann Romney	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 19 Greensbrook Way	Transaction ID: 01016.C185961
	City State Zip Code Belmont MA 02478	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 15000.00	

C.	Full Name (Last, First, Middle Initial) Ann Romney	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 19 Greensbrook Way	Transaction ID: 01016.C185962
	City State Zip Code Belmont MA 02478	Amount of Each Receipt this Period -5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	▶	10250.00
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 19 / 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Willard Romney	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 19 Greensbrook Way	Transaction ID: 01016.C185964
	City Belmont State MA Zip Code 02478	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Self Employed	Occupation Self employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

B.	Full Name (Last, First, Middle Initial) Willard Romney	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 19 Greensbrook Way	Transaction ID: 01016.C185965
	City Belmont State MA Zip Code 02478	Amount of Each Receipt this Period -5000.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Self Employed	Occupation Self employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

C.	Full Name (Last, First, Middle Initial) Ronald Skates	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 4 Boardman Avenue	Transaction ID: 01016.C185889
	City Manchester State MA Zip Code 01944	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Self-Employed	Occupation investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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: PAGE 20 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Maria Stata
Mailing Address 6 Miller Hill Rd
City Dover State MA Zip Code 02030
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 09 / 29 / 2010
Transaction ID: 01016.C186038
Amount of Each Receipt this Period 10000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Maria Stata
Mailing Address 6 Miller Hill Rd
City Dover State MA Zip Code 02030
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation President
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 09 / 29 / 2010
Transaction ID: 01016.C186039
Amount of Each Receipt this Period -5000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Ray Stata
Mailing Address PO Box 9106
City Norwood State MA Zip Code 02062
FEC ID number of contributing federal political committee. **C**
Name of Employer Analog Devices Occupation Chairman and Founder
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 09 / 29 / 2010
Transaction ID: 01016.C186037
Amount of Each Receipt this Period 2500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 7500.00
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 21 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address One Charles Street South
Apt 7-H

City Boston State MA Zip Code 02116

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ -4000.00

Date of Receipt 09 / 17 / 2010
Transaction ID: 00920.C185760
Amount of Each Receipt this Period -4000.00
Receipt

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

Mailing Address One Charles Street South
Apt 7-H

City Boston State MA Zip Code 02116

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 09 / 17 / 2010
Transaction ID: 00920.C185759
Amount of Each Receipt this Period 10000.00
Receipt

C. Full Name (Last, First, Middle Initial)
David Weinstein

Mailing Address 158 Cotton Street

City Newton State MA Zip Code 02458

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

Name of Employer Self Employed Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 25 / 2010
Transaction ID: 01016.C185972
Amount of Each Receipt this Period 10000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 16000.00

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 22 / 49

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Edward Wendell

Mailing Address 187 Randolph Ave

City State Zip Code
Milton MA 02186

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 ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2010

Transaction ID: 01016.C186018

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Diane Wilsey

Mailing Address 2590 Jackson St

City State Zip Code
San Francisco CA 94115

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

Name of Employer Information Requested Occupation Information Requested
A. Wilsey Properties President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 07 / 2010

Transaction ID: 00920.C185561

Amount of Each Receipt this Period

4500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

200250.00

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

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

FOR LINE NUMBER: PAGE 23 / 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.	Full Name (Last, First, Middle Initial) Republican National Committee		Date of Receipt
	Mailing Address 310 First Street SE DO NOT MAIL		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Washington	State DC	Zip Code 20003-
	FEC ID number of contributing federal political committee. C C00003418		Transaction ID: 01017.C186670
Name of Employer Political Committee		Occupation FEC ID: C00003418	Amount of Each Receipt this Period <input type="text" value="31300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="99332.00"/>	Transfers From Affil./Auth. h.

B.	Full Name (Last, First, Middle Initial) Republican National Committee		Date of Receipt
	Mailing Address 310 First Street SE DO NOT MAIL		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Washington	State DC	Zip Code 20003-
	FEC ID number of contributing federal political committee. C C00003418		Transaction ID: 01017.C186671
Name of Employer Political Committee		Occupation FEC ID: C00003418	Amount of Each Receipt this Period <input type="text" value="5437.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="104769.00"/>	Transfers From Affil./Auth. h.

C.	Full Name (Last, First, Middle Initial) Republican National Committee		Date of Receipt
	Mailing Address 310 First Street SE DO NOT MAIL		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Washington	State DC	Zip Code 20003-
	FEC ID number of contributing federal political committee. C C00003418		Transaction ID: 01017.C186672
Name of Employer Political Committee		Occupation FEC ID: C00003418	Amount of Each Receipt this Period <input type="text" value="4937.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="109706.00"/>	Transfers From Affil./Auth. h.

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="41674.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 49
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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) Republican National Committee		Date of Receipt
	Mailing Address 310 First Street SE DO NOT MAIL		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20003-
	FEC ID number of contributing federal political committee.		Transaction ID: 01016.C186345
	C C00003418		Amount of Each Receipt this Period
Name of Employer Political Committee		Occupation	Transfers From Affil./Auth.
		FEC ID: C00003418	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="112854.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3148.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="44822.00"/>

**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 25 / 49

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

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

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

A.	Full Name (Last, First, Middle Initial) Barrows Barrows Insurance <hr/> Mailing Address 215 North Main Street <hr/> City Mansfield State MA Zip Code 02048- <hr/> Purpose of Disbursement Liability insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01017.E12515 Date of Disbursement 09 / 02 / 2010	Amount of Each Disbursement this Period 1560.00 LIABILITY INSURANCE
B.	Full Name (Last, First, Middle Initial) Bowditch & Dewey <hr/> Mailing Address 311 Main St. PO Box 15156 <hr/> City Worcester State MA Zip Code 01615-0156 <hr/> Purpose of Disbursement legal consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01017.E12517 Date of Disbursement 09 / 23 / 2010	Amount of Each Disbursement this Period 1950.00 LEGAL CONSULTING
C.	Full Name (Last, First, Middle Initial) SCM Associates <hr/> Mailing Address Steve Meyers 1283 Main Street <hr/> City Dublin State NH Zip Code 03444- <hr/> Purpose of Disbursement Direct Marketing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01017.E12564 Date of Disbursement 09 / 23 / 2010	Amount of Each Disbursement this Period 10539.00 DIRECT MARKETING

SUBTOTAL of Disbursements This Page (optional) ▶

14049.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 49

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

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

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

A.	Full Name (Last, First, Middle Initial) Scr & Associates, LLC	Transaction ID: 01017.E12565 Date of Disbursement 09 / 23 / 2010
	Mailing Address 4 Leblanc Dr	Amount of Each Disbursement this Period 6000.00
	City Danvers State MA Zip Code 01923-	
	Purpose of Disbursement Fundraising consulting 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) ▼
		FUNDRAISING CONSULTING FEE

B.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts	Transaction ID: 01017.E12516 Date of Disbursement 09 / 23 / 2010
	Mailing Address Landmark Center 401 Park Drive	Amount of Each Disbursement this Period 6848.49
	City Boston State MA Zip Code 02215-	
	Purpose of Disbursement health insurance	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		HEALTH INSURANCE

C.	Full Name (Last, First, Middle Initial) Tim Buckley	Transaction ID: 01017.E12573 Date of Disbursement 09 / 16 / 2010
	Mailing Address 55 W Broadway #8	Amount of Each Disbursement this Period 100.00
	City Boston State MA Zip Code 02127-	
	Purpose of Disbursement reimbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶

12948.49

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Tim Buckley	Transaction ID: 01017.E12572 Date of Disbursement MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 55 W Broadway #8	Amount of Each Disbursement this Period 232.05
	City Boston State MA Zip Code 02127-	
	Purpose of Disbursement reimbursement for phone parking travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PHONE PARKING TRAVEL

B.	Full Name (Last, First, Middle Initial) Osgood Bradley Building Corp	Transaction ID: 01017.E12556 Date of Disbursement MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 18 Grafton St.	Amount of Each Disbursement this Period 500.00
	City Worcester State MA Zip Code 01604-	
	Purpose of Disbursement field office rent 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) ▼
		FIELD OFFICE RENT

C.	Full Name (Last, First, Middle Initial) Ryan Coleman	Transaction ID: 01017.E12562 Date of Disbursement MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 9 Stearms Street	Amount of Each Disbursement this Period 100.00
	City Swampscott State MA Zip Code 01907-	
	Purpose of Disbursement reimbursement for phone parking Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PHONE PARKING

SUBTOTAL of Disbursements This Page (optional)

832.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ryan Coleman	Transaction ID: 01017.E12563 Date of Disbursement 09 / 16 / 2010
	Mailing Address 9 Stearms Street	
	City Swampscott State MA Zip Code 01907-	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement reimbursement Candidate Name	REIMBURSEMENT
	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) Comcast Comcast	Transaction ID: 01017.E12521 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO Box 196	
	City Newark State NJ Zip Code 07101-0196	Amount of Each Disbursement this Period 114.90
	Purpose of Disbursement cable bill Candidate Name	CABLE BILL
	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) FLS Connect	Transaction ID: 01017.E12528 Date of Disbursement 09 / 09 / 2010
	Mailing Address 7300 Hudson Blvd. Ste	
	City Saint Paul State MN Zip Code 55128-	Amount of Each Disbursement this Period 10103.00
	Purpose of Disbursement telemarketing Candidate Name	TELEMARKETING
	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)	▶	10317.90
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 01017.E12531 Date of Disbursement 09 / 23 / 2010
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 76.33
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement Telemarketing	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) ▼
		TELEMARKETING

B.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 01017.E12530 Date of Disbursement 09 / 23 / 2010
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 440.99
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement Telemarketing	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) ▼
		TELEMARKETING

C.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 01017.E12553 Date of Disbursement 09 / 23 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 159.38
	City Stoneham State MA Zip Code 02180-	
	Purpose of Disbursement reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)	▶	676.70
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Keswick Consulting	Transaction ID: 01017.E12546 Date of Disbursement 09 / 23 / 2010
	Mailing Address 231 Victory Road	Amount of Each Disbursement this Period 3000.00
	City Quincy State MA Zip Code 02171-	
	Purpose of Disbursement consulting non-fea	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CONSULTING NON-FEA

B.	Full Name (Last, First, Middle Initial) DirecTV DirecTV	Transaction ID: 01017.E12523 Date of Disbursement 09 / 16 / 2010
	Mailing Address PO Box 60036	Amount of Each Disbursement this Period 14.68
	City Los Angeles State CA Zip Code 90060-0036	
	Purpose of Disbursement Satelite TV	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) ▼
		SATETLITE TV

C.	Full Name (Last, First, Middle Initial) Tara Esfahanian	Transaction ID: 01017.E12571 Date of Disbursement 09 / 02 / 2010
	Mailing Address 177 Upham St.	Amount of Each Disbursement this Period 2610.00
	City Melrose State MA Zip Code 02176-	
	Purpose of Disbursement fundraising consulting 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) ▼
		FUNDRAISING CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional) ► **5624.68**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Tara Esfahanian	Transaction ID: 01017.E12570 Date of Disbursement 09 / 02 / 2010
	Mailing Address 177 Upham St.	
	City Melrose State MA Zip Code 02176-	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Fundraising consultant fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTANT FEE

B.	Full Name (Last, First, Middle Initial) Full Impact Production	Transaction ID: 01017.E12532 Date of Disbursement 09 / 16 / 2010
	Mailing Address 97 Betts Rd.	
	City Belmont State MA Zip Code 02478-	Amount of Each Disbursement this Period 16000.00
	Purpose of Disbursement consulting - non FEA Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CONSULTING - NON FEA

C.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 01017.E12535 Date of Disbursement 09 / 02 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 222.31
	Purpose of Disbursement reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)	▶	20222.31
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 01017.E12536 Date of Disbursement 09 / 30 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 448.16
	Purpose of Disbursement reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT

B.	Full Name (Last, First, Middle Initial) Exeter Group, Inc	Transaction ID: 01017.E12524 Date of Disbursement 09 / 09 / 2010
	Mailing Address 1 Canal Park	
	City Cambridge State MA Zip Code 02141-	Amount of Each Disbursement this Period 6264.00
	Purpose of Disbursement IT Consulting 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) ▼
		IT CONSULTING

C.	Full Name (Last, First, Middle Initial) Top of the Hub	Transaction ID: 01017.E12576 Date of Disbursement 09 / 02 / 2010
	Mailing Address 800 Boylston St.	
	City Boston State MA Zip Code 02199-	Amount of Each Disbursement this Period 858.13
	Purpose of Disbursement fundraising event fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING EVENT FEE

SUBTOTAL of Disbursements This Page (optional)	7570.29
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kirsten Hughes	Transaction ID: 01017.E12538 Date of Disbursement 09 / 23 / 2010
	Mailing Address 72 Davis Street	Amount of Each Disbursement this Period 182.87
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement 5228	
	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) ▼
		5228

B.	Full Name (Last, First, Middle Initial) M & L	Transaction ID: 01017.E12580 Date of Disbursement 09 / 16 / 2010
	Mailing Address 29 Franklin St. 2nd Floor	Amount of Each Disbursement this Period 300.00
	City Wrentham State MA Zip Code 02093-	
	Purpose of Disbursement field office rent	
	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) ▼
		FIELD OFFICE RENT

C.	Full Name (Last, First, Middle Initial) Nick Lehr	Transaction ID: 01017.E12554 Date of Disbursement 09 / 09 / 2010
	Mailing Address 38 Saunders Rd.	Amount of Each Disbursement this Period 315.16
	City Boston State MA Zip Code 02134-	
	Purpose of Disbursement reimbursement for phone travel parking	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PHONE TRAVEL PARKING

SUBTOTAL of Disbursements This Page (optional)	798.03
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Nick Lehr Mailing Address 38 Saunders Rd. City Boston State MA Zip Code 02134-	Transaction ID: 01017.E12555 Date of Disbursement 09 / 16 / 2010
	Amount of Each Disbursement this Period 100.00 REIMBURSEMENT FOR PARKING TRAVEL
Purpose of Disbursement reimbursement for parking travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Kristen M Lepore Mailing Address 4 Buttonwood lane City Danvers State MA Zip Code 01923-	Transaction ID: 01017.E12540 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 5000.00 CONSULTING NON-FEA
Purpose of Disbursement consulting non-fea 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) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Kristen M Lepore Mailing Address 4 Buttonwood lane City Danvers State MA Zip Code 01923-	Transaction ID: 01017.E12541 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 5000.00 CONSULTING NON-FEA
Purpose of Disbursement consulting non-fea 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	10100.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Melissa Lucas	Transaction ID: 01017.E12548 Date of Disbursement 09 / 02 / 2010
	Mailing Address 22 Slayton Road	Amount of Each Disbursement this Period 2500.00
	City Melrose State MA Zip Code 02176-	
	Purpose of Disbursement consulting non-fea Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CONSULTING NON-FEA

B.	Full Name (Last, First, Middle Initial) Melissa Lucas	Transaction ID: 01017.E12547 Date of Disbursement 09 / 02 / 2010
	Mailing Address 22 Slayton Road	Amount of Each Disbursement this Period 4240.00
	City Melrose State MA Zip Code 02176-	
	Purpose of Disbursement consulting non-fea Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CONSULTING NON-FEA

C.	Full Name (Last, First, Middle Initial) Melissa Lucas	Transaction ID: 01017.E12550 Date of Disbursement 09 / 30 / 2010
	Mailing Address 22 Slayton Road	Amount of Each Disbursement this Period 4177.00
	City Melrose State MA Zip Code 02176-	
	Purpose of Disbursement consulting non-fea Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CONSULTING NON-FEA

SUBTOTAL of Disbursements This Page (optional)	▶	10917.00
TOTAL This Period (last page this line number only)	▶	

**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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Melissa Lucas Mailing Address 22 Slayton Road City Melrose State MA Zip Code 02176- Purpose of Disbursement consulting non-fea Candidate Name <input type="text"/> 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:	Transaction ID: 01017.E12549 Date of Disbursement 09 / 30 / 2010 Amount of Each Disbursement this Period 2500.00 CONSULTING NON-FEA
B.	Full Name (Last, First, Middle Initial) Boston Marriott Newton Mailing Address 2345 Commonwealth Ave. City Newton State MA Zip Code 02466- Purpose of Disbursement State Committee Meeting Candidate Name <input type="text"/> 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:	Transaction ID: 01017.E12545 Date of Disbursement 09 / 23 / 2010 Amount of Each Disbursement this Period 1201.83 STATE COMMITTEE MEETING
C.	Full Name (Last, First, Middle Initial) Mr. Philip Miatkowski Mailing Address 485 Foster St. City North Andover State MA Zip Code 01845- Purpose of Disbursement reimbursement for parking travel Candidate Name <input type="text"/> 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:	Transaction ID: 01017.E12560 Date of Disbursement 09 / 30 / 2010 Amount of Each Disbursement this Period 200.00 REIMBURSEMENT FOR PARKING TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

3901.83

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Konica Minolta Business Systems Mailing Address P.O. Box 7247-0322 City Philadelphia State PA Zip Code 19170-0322 Purpose of Disbursement copier lease 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: 01017.E12539 Date of Disbursement 09 / 16 / 2010 Amount of Each Disbursement this Period 782.83 COPIER LEASE	
B.	Full Name (Last, First, Middle Initial) Magan Munson Mailing Address 209 bunker hill st Apt 1 City Boston State MA Zip Code 02129- Purpose of Disbursement Reimbursement for travel parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01017.E12542 Date of Disbursement 09 / 02 / 2010 Amount of Each Disbursement this Period 104.05 REIMBURSEMENT FOR TRAVEL PARKING	
C.	Full Name (Last, First, Middle Initial) Magan Munson Mailing Address 209 bunker hill st Apt 1 City Boston State MA Zip Code 02129- Purpose of Disbursement reimbursemet for phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01017.E12543 Date of Disbursement 09 / 15 / 2010 Amount of Each Disbursement this Period 132.43 REIMBURSEMET FOR PHONE	

SUBTOTAL of Disbursements This Page (optional) ▶

1019.31

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 01017.E12544 Date of Disbursement 09 / 23 / 2010
	Mailing Address 209 bunker hill st Apt 1	Amount of Each Disbursement this Period 227.15
	City Boston State MA Zip Code 02129-	
	Purpose of Disbursement Reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT

B.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 01017.E12533 Date of Disbursement 09 / 16 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	Amount of Each Disbursement this Period 824.87
	City Boston State MA Zip Code 02129-	
	Purpose of Disbursement Reimbursement for phone travel	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PHONE TRAVEL

C.	Full Name (Last, First, Middle Initial) Jennifer Nassour	Transaction ID: 01017.E12534 Date of Disbursement 09 / 30 / 2010
	Mailing Address 49 Chelsea St., Unit C1-307	Amount of Each Disbursement this Period 222.31
	City Boston State MA Zip Code 02129-	
	Purpose of Disbursement Reimbursement for phone travel	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PHONE TRAVEL

SUBTOTAL of Disbursements This Page (optional)	▶	1274.33
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RP One Owner LLC	Transaction ID: 01017.E12582 Date of Disbursement 09 / 02 / 2010
	Mailing Address PO Box 845516 Boston, MA	Amount of Each Disbursement this Period 190.00
	City State Zip Code 02284-	
	Purpose of Disbursement field office	FIELD OFFICE
	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) RP One Owner LLC	Transaction ID: 01017.E12581 Date of Disbursement 09 / 02 / 2010
	Mailing Address PO Box 845516 Boston, MA	Amount of Each Disbursement this Period 190.00
	City State Zip Code 02284-	
	Purpose of Disbursement field office	FIELD OFFICE
	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) Ox-Eye Properties	Transaction ID: 01017.E12557 Date of Disbursement 09 / 16 / 2010
	Mailing Address c/o Massey & Co. 85 Merrimac Street	Amount of Each Disbursement this Period 555.17
	City State Zip Code Boston MA 02114-	
	Purpose of Disbursement office rent	OFFICE RENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	935.17
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Country First Pac Mailing Address 228 S. Washington St. Suite 115 City Alexandria State VA Zip Code 22314- Purpose of Disbursement Sen McCain Accomodations 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: 01017.E12522 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 545.10
	SEN MCCAIN ACCOMODATIONS
	Category/ Type

B. Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address Fort Point Station Dorchester Avenue City Boston State MA Zip Code 02215- Purpose of Disbursement postage 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: 01017.E12574 Date of Disbursement 09 / 02 / 2010
	Amount of Each Disbursement this Period 185.00
	POSTAGE
	Category/ Type

C. Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address Fort Point Station Dorchester Avenue City Boston State MA Zip Code 02215- Purpose of Disbursement postage 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: 01017.E12575 Date of Disbursement 09 / 09 / 2010
	Amount of Each Disbursement this Period 500.00
	POSTAGE
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1230.10

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lakeside Office Park Quannapowitt 591	Transaction ID: 01017.E12561 Date of Disbursement
	Mailing Address 591 North Avenue	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Wakefield State MA Zip Code 01880-	Amount of Each Disbursement this Period
	Purpose of Disbursement Field office rent	<input type="text" value="1500.00"/>
	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) ▼
		FIELD OFFICE RENT

B.	Full Name (Last, First, Middle Initial) Republican National Committee	Transaction ID: 01017.E12509 Date of Disbursement
	Mailing Address 310 First Street SE DO NOT MAIL	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period
	Purpose of Disbursement See line 12 In-Kind Transfer	<input type="text" value="5437.00"/>
	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) ▼
		SEE LINE 12 IN-KIND TRANSFER

C.	Full Name (Last, First, Middle Initial) Republican National Committee	Transaction ID: 01017.E12510 Date of Disbursement
	Mailing Address 310 First Street SE DO NOT MAIL	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period
	Purpose of Disbursement see line 12 - In-Kind transfer	<input type="text" value="4937.00"/>
	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) ▼
		SEE LINE 12 - IN-KIND TRANSFER

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11874.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Republican National Committee Mailing Address 310 First Street SE DO NOT MAIL City Washington State DC Zip Code 20003- Purpose of Disbursement See line 12: In-Kind transfer 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: 01016.E12508 Date of Disbursement 09 / 25 / 2010 Amount of Each Disbursement this Period 3148.00 SEE LINE 12: IN-KIND TRANSFER
B.	Full Name (Last, First, Middle Initial) Sprint/Nextel Mailing Address PO Box 17990 City Denver State CO Zip Code 80217- Purpose of Disbursement cell phone bill 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: 01017.E12569 Date of Disbursement 09 / 23 / 2010 Amount of Each Disbursement this Period 83.73 CELL PHONE BILL
C.	Full Name (Last, First, Middle Initial) 8 Elm Street LLC Mailing Address 352 Sprague St. City Dedham State MA Zip Code 02026- Purpose of Disbursement field office rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01017.E12514 Date of Disbursement 09 / 16 / 2010 Amount of Each Disbursement this Period 975.00 FIELD OFFICE RENT

SUBTOTAL of Disbursements This Page (optional) ▶

4206.73

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) 8 Elm Street LLC	Transaction ID: 01017.E12512
	Mailing Address 352 Sprague St.	Date of Disbursement 09 / 23 / 2010
	City Dedham State MA Zip Code 02026-	Amount of Each Disbursement this Period 975.00
	Purpose of Disbursement field office rent 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) ▼
		FIELD OFFICE RENT

B.	Full Name (Last, First, Middle Initial) Verizon Verizon Wireless	Transaction ID: 01017.E12577
	Mailing Address PO Box 5029	Date of Disbursement 09 / 02 / 2010
	City Wallingford State CT Zip Code 06492-	Amount of Each Disbursement this Period 226.49
	Purpose of Disbursement phone bill Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PHONE BILL

C.	Full Name (Last, First, Middle Initial) Verizon Verizon Wireless	Transaction ID: 01017.E12579
	Mailing Address PO Box 5029	Date of Disbursement 09 / 09 / 2010
	City Wallingford State CT Zip Code 06492-	Amount of Each Disbursement this Period 2865.90
	Purpose of Disbursement phone service bill Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PHONE SERVICE BILL

SUBTOTAL of Disbursements This Page (optional)	4067.39
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Verizon Verizon Wireless Mailing Address PO Box 5029 City Wallingford State CT Zip Code 06492- Purpose of Disbursement phone bill 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: 01017.E12578 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 344.97
	Category/ Type PHONE BILL
	Full Name (Last, First, Middle Initial) Michael Yacobian Mailing Address Tabor Academy Young Republicans 66 Spring Street City Marion State MA Zip Code 02738- Purpose of Disbursement reimbursement for phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 175.00	Category/ Type REIMBURSEMENT FOR PHONE
C. Full Name (Last, First, Middle Initial) Michael Yacobian Mailing Address Tabor Academy Young Republicans 66 Spring Street City Marion State MA Zip Code 02738- Purpose of Disbursement reimbursement for phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01017.E12552 Date of Disbursement 09 / 16 / 2010
Amount of Each Disbursement this Period 175.00	Category/ Type REIMBURSEMENT FOR PHONE

SUBTOTAL of Disbursements This Page (optional) ▶	694.97
TOTAL This Period (last page this line number only) ▶	123260.28

**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) Byte Bulb	Transaction ID: 01017.E12518 Date of Disbursement 09 / 09 / 2010
	Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.	Amount of Each Disbursement this Period 45.00
	City Hanover	State MA
	Zip Code 02339-	
	Purpose of Disbursement Party Related Website	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:	
		PARTY RELATED WEBSITE

B.	Full Name (Last, First, Middle Initial) Byte Bulb	Transaction ID: 01017.E12519 Date of Disbursement 09 / 30 / 2010
	Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.	Amount of Each Disbursement this Period 2073.44
	City Hanover	State MA
	Zip Code 02339-	
	Purpose of Disbursement party related website	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:	
		PARTY RELATED WEBSITE

C.	Full Name (Last, First, Middle Initial) Campaign Homebank LLC	Transaction ID: 01017.E12520 Date of Disbursement 09 / 30 / 2010
	Mailing Address One Walnut St. Suite 4	Amount of Each Disbursement this Period 47328.45
	City Boston	State MA
	Zip Code 02108-	
	Purpose of Disbursement Victory phone bank - auto calls	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:	
		VICTORY PHONE BANK - AUTO CALLS

SUBTOTAL of Disbursements This Page (optional)	49446.89
TOTAL This Period (last page this line number only)	

**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 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) Mr. Philip Miatkowski	Transaction ID: 01017.E12559
	Mailing Address 485 Foster St.	Date of Disbursement 09 / 23 / 2010
	City North Andover State MA Zip Code 01845-	Amount of Each Disbursement this Period 650.00
	Purpose of Disbursement field 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) ▼
		FIELD PAYROLL

B.	Full Name (Last, First, Middle Initial) Mr. Philip Miatkowski	Transaction ID: 01017.E12558
	Mailing Address 485 Foster St.	Date of Disbursement 09 / 23 / 2010
	City North Andover State MA Zip Code 01845-	Amount of Each Disbursement this Period 650.00
	Purpose of Disbursement field 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) ▼
		FIELD PAYROLL

C.	Full Name (Last, First, Middle Initial) Semcasting Inc Semcasting Inc	Transaction ID: 01017.E12566
	Mailing Address 300 Brickstone Square	Date of Disbursement 09 / 02 / 2010
	City Andover State MA Zip Code 01810-	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement voter ID Party related 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) ▼
		VOTER ID PARTY RELATED

SUBTOTAL of Disbursements This Page (optional)

5300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 49

<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

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)
Semcasting Inc Semcasting Inc

Mailing Address 300 Brickstone Square

City State Zip Code
Andover MA 01810-

Purpose of Disbursement
Voter ID

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01017.E12567

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Amount of Each Disbursement this Period

4000.00

VOTER ID

B.

Full Name (Last, First, Middle Initial)
Semcasting Inc Semcasting Inc

Mailing Address 300 Brickstone Square

City State Zip Code
Andover MA 01810-

Purpose of Disbursement
voter id

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01017.E12568

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Amount of Each Disbursement this Period

4000.00

VOTER ID

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

62746.89

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis			Nature of Debt (Purpose): Original debt for research party related
Mailing Address PO Box 7247-7090			
City Philadelphia	State PA	ZIP Code 19170-	

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis			Nature of Debt (Purpose): Original debt for research party related
Mailing Address PO Box 7247-7090			
City Philadelphia	State PA	ZIP Code 19170-	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis			Nature of Debt (Purpose): Original debt for research party related
Mailing Address PO Box 7247-7090			
City Philadelphia	State PA	ZIP Code 19170-	

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 49 / 49
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect	Nature of Debt (Purpose): Original Debt for telemarketing non-fea party related
Mailing Address 7300 Hudson Blvd. Ste	
City State ZIP Code Saint Paul MN 55128-	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">3910.20</div>	Transaction ID: LS91217.E11763
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">3910.20</div>	

1) SUBTOTALS This Period This Page (optional).....	<div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">3910.20</div>
2) TOTALS This Period (last page this line number only).....	<div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">5660.20</div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">0.00</div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">5660.20</div>