

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Massachusetts Republican State Congressional Committee

ADDRESS (number and street) 85 Merrimac Street, Suite 400
 Check if different than previously reported. (ACC)
Boston MA 02114

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 06 01 2006 through 06 30 2006

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 07 20 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		62748.60
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	17034.61									
(c) Total Receipts (from Line 19)	409442.00	1111175.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	426476.61	1173924.02								
7. Total Disbursements (from Line 31)	251501.04	998948.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	174975.57	174975.57								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	382530.00	896875.00
(i) Itemized (use Schedule A)	11912.00	143905.99
(ii) Unitemized	394442.00	1040780.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	50.00
(b) Political Party Committees	15000.00	65850.00
(c) Other Political Committees (such as PACs)	409442.00	1106680.99
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	4494.43
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))	409442.00	1111175.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	409442.00	1111175.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	185605.68	750070.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	185605.68	750070.55
22. Transfers to Affiliated/Other Party Committees.....	20550.00	30550.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	45345.36	218327.90
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	45345.36	218327.90
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	251501.04	998948.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	251501.04	998948.45

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	409442.00	1106680.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	409442.00	1106680.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	185605.68	750070.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	4494.43
38. Net Operating Expenditures (subtract Line 37 from Line 36)	185605.68	745576.12

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
J Scott Abercrombie

Mailing Address 307 Goddard Ave

City State Zip Code
Brookline MA 02445

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
06 / 19 / 2006

Transaction ID: 60619.C159475

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert Ahearn

Mailing Address PO Box 3550

City State Zip Code
Plymouth MA 02360

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

Name of Employer IGS Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 05 / 2006

Transaction ID: 60619.C159204

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 21 Parish Rd.

City State Zip Code
Georgetown MA 01833

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

Name of Employer Middlesex Sheriffs Office Occupation Corrections Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 29 / 2006

Transaction ID: 60713.C159651

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Louisa D. Attenborough

Mailing Address 20 Old Neck Road
DO NOT MAIL

City Manchester State MA Zip Code 01944

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

Name of Employer Housewife Occupation Housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 6

Transaction ID: 60619.C159472

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 49 Monument Ave

City Swampscott State MA Zip Code 01907

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

Name of Employer Harvard Pilgrim Health Care Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 6

Transaction ID: 60619.C159267

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mel Barkan

Mailing Address 109 Commonwealth Avenue

City Boston State MA Zip Code 02116

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

Name of Employer Barkan Management Occupation Executive/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 6

Transaction ID: 60626.C159482

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **8500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Kevin Barry

Mailing Address 865 Hale St.

City State Zip Code
Beverly MA 01915

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

Name of Employer Wellington Management Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159452

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Daniel Bathon

Mailing Address 23 Slocum Road

City State Zip Code
Lexington MA 02421

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

Name of Employer Windspeed Ventures Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159437

Amount of Each Receipt this Period
10000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Matthew Bathon

Mailing Address 15 Hathaway Road

City State Zip Code
Lexington MA 02421

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

Name of Employer Windspeed Ventures Occupation Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: 60619.C159278

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 17500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1002 Paradise Rd

City State Zip Code
Swampscott MA 01907

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
06 / 15 / 2006

Transaction ID: 60619.C159376

Amount of Each Receipt this Period
150.00

Receipt

B. Full Name (Last, First, Middle Initial)
Martin Begien

Mailing Address 407 Warren Street

City State Zip Code
Brookline MA 02445

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 22 / 2006

Transaction ID: 60626.C159552

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Walter Beinecke

Mailing Address 3 Masconomo Street

City State Zip Code
Manchester MA 01944

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

Name of Employer Occupation
Brook Venture Partners Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
06 / 16 / 2006

Transaction ID: 60619.C159459

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	5650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
George Bennett

Mailing Address 280 Dudley St

City State Zip Code
Brookline MA 02446

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

Name of Employer Health Dialog Inc. Occupation Chairman and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 6

Transaction ID: 60619.C159284

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Gerald Blakeley

Mailing Address Blakeley Investment Company
60 State Street

City State Zip Code
Boston MA 02109

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

Name of Employer Blakeley Investments Occupation Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 6

Transaction ID: 60626.C159555

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 2 Stonehill Lane

City State Zip Code
Milton MA 02186

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

Name of Employer Boyle & Morrisey Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: 60619.C159205

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Seth Brennan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 5 Charles River Square 85 Merrimac Street		Transaction ID: 60619.C159453	
City Boston State MA Zip Code 02114	Amount of Each Receipt this Period 10000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer AMG Occupation Investments	Aggregate Year-to-Date ▼ 10000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) James Callahan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 6	
Mailing Address 29 Heritage Lane		Transaction ID: 60626.C159483	
City Lynnfield State MA Zip Code 01940	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Joseph Cambi		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 290 Shaker Road		Transaction ID: 60619.C159402	
City Longmeadow State MA Zip Code 01106	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date ▼ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	10600.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Gary Campbell

Mailing Address 4 Penacock PI

City State Zip Code
Andover MA 01810-4737

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

Name of Employer
Campbell Apts. Occupation
Business owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 6

Transaction ID: 60626.C159572

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
David Canepari

Mailing Address The Gatehouse Group
120 Forbes Boulevard

City State Zip Code
Mansfield MA 02048

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

Name of Employer
The Gatehouse Group Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: 60619.C159274

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lisa Eva Cannata

Mailing Address 25 Fairway Lane

City State Zip Code
Foxboro MA 02035

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

Name of Employer
Retired Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 6

Transaction ID: 60626.C159554

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 98
	<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)
Wayne Capolupo

Mailing Address 28 True Rd

City State Zip Code
Salisbury MA 01952

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

Name of Employer Occupation
SPS NE Inc Founder and Chairman/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 60713.C159707

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Andrew Chaban

Mailing Address 5 Skyview Ter.

City State Zip Code
North Andover MA 01845

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

Name of Employer Occupation
Princeton Properties Mgt. real estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2006

Transaction ID: 60626.C159573

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 65 Eastern Point Blvd.

City State Zip Code
Gloucester MA 01930

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

Name of Employer Occupation
Investors Capital President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5100.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159451

Amount of Each Receipt this Period
5000.00

Receipt

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Michael Cimini

Mailing Address 8 Sidney Rd.

City State Zip Code
Sturbridge MA 01566

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

Name of Employer Occupation
Yankee Spirits President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 60713.C159733

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Christopher Collins

Mailing Address 72 Harbor Street

City State Zip Code
Manchester MA 01944

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

Name of Employer Occupation
Collins & Company, LLC real estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159468

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Herbert Collins

Mailing Address 15 Clarendon Street

City State Zip Code
Gloucester MA 01930-4170

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

Name of Employer Occupation
Collins and Nickas Co. Chairman of Brd.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159462

Amount of Each Receipt this Period
5000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Lisa Collins

Mailing Address 72 Harbor Street

City State Zip Code
Manchester MA 01944

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
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159467

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Sheila Collins

Mailing Address 15 Clarendon Street

City State Zip Code
Gloucester MA 01930

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

Name of Employer Occupation
At Home Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159461

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Stephen J. Connolly

Mailing Address 19 Sargent Road
DO NOT MAIL

City State Zip Code
Marblehead MA 01945

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

Name of Employer Occupation
Connolly Brothers Inc Construction

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159471

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher Covington		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address Covington Associates 75 Central Street, 3rd Floor		Transaction ID: 60619.C159435
City Boston State MA Zip Code 02109	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Covington & Associates	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Christopher Covington		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address Covington Associates 75 Central Street, 3rd Floor		Transaction ID: 60626.C159553
City Boston State MA Zip Code 02109	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Covington & Associates	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Nathaniel Dalton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 136 Galloupes Point		Transaction ID: 60619.C159441
City Swampscott State MA Zip Code 01907	Amount of Each Receipt this Period 15000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Affiliated Managers Group	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
James Davis

Mailing Address 9 The Ledges Road

City State Zip Code
Newton MA 02459

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

Name of Employer Occupation
New Balance Shoes 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
06 / 13 / 2006

Transaction ID: 60619.C159283

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Steven Dodge

Mailing Address 239 Summer St.

City State Zip Code
Manchester MA 01944

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

Name of Employer Occupation
American Tower Corp. Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2006

Transaction ID: 60619.C159457

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 37-B Pyebrook Lane

City State Zip Code
Boxford MA 01921

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2006

Transaction ID: 60619.C159445

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Christopher Egan

Mailing Address Carruth Capital
116 Flanders Road

City State Zip Code
Westborough MA 01581

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

Name of Employer Carruth Capital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2006

Transaction ID: 60713.C159614

Amount of Each Receipt this Period
15000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Leif Erickson

Mailing Address 883 Main Street

City State Zip Code
Norwell MA 02061

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

Name of Employer Best Effort Sent Occupation Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 60713.C159666

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ekaterina Erikson

Mailing Address 886 Hale Street

City State Zip Code
Beverly MA 01915

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 60619.C159282

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	16100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Edward Fish

Mailing Address 536 Granite Street
3rd Floor

City Braintree State MA Zip Code 02184

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

Name of Employer Edward Fish Associates Occupation Business owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2006

Transaction ID: 60619.C159289

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Frank Fodera

Mailing Address 12 Azalea Rd.

City Winchester State MA Zip Code 01890

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

Name of Employer Self Employed Occupation Business Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 60619.C159285

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joseph B. Fuller

Mailing Address 32 Suffolk Road
DO NOT MAIL

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Monitor Group Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159469

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	7700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Aaron Galis		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 155 Harvest Lane		Transaction ID: 60619.C159290
City Bridgewater	State MA	Zip Code 02324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer AMG	Occupation CPA	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. John Gardner		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 375 Bridge St		Transaction ID: 60619.C159421
City Hamilton	State MA	Zip Code 01982
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Janet Garon		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO BOX 24		Transaction ID: 60713.C159650
City Southbridge	State MA	Zip Code 01550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Southbridge Savings Bank	Occupation banker	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	2950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Elizabeth P. Gifford

Mailing Address 169 Chestnut Hill Road
DO NOT MAIL

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Housewife Occupation Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 6

Transaction ID: 60619.C159473

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert Goldbaum

Mailing Address 87 Fruitledge Rd.

City Glen Head State NY Zip Code 11545

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

Name of Employer ST&B Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 6

Transaction ID: 60619.C159454

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Daniel Gregory

Mailing Address 300 Summer St.

City Westwood State MA Zip Code 02090

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

Name of Employer Greylock Management Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: 60619.C159206

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Thomas Hazen

Mailing Address 17 College View Hts

City State Zip Code
South Hadley MA 01075

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

Name of Employer: Hazen Paper Company
Occupation: Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 60713.C159672

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
F. Timothy Hegarty, Jr.

Mailing Address 55 Blacksmith Dr.

City State Zip Code
Needham MA 02492

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2006

Transaction ID: 60626.C159560

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Malcolm Henderson

Mailing Address 137 Valley Street

City State Zip Code
Beverly MA 01915

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

Name of Employer: Foley Hoag & Eliot
Occupation: Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159463

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Keith Higgins

Mailing Address 105 Abbott Road

City Wellesley State MA Zip Code 02481

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

Name of Employer Ropes and Gray Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 6

Transaction ID: 60626.C159568

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Raymond Howell

Mailing Address 51 A Jackson Street

City Newton State MA Zip Code 02459

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

Name of Employer Howell Communications Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60619.C159306

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Arthur Kalotkin

Mailing Address 32 Claflin Rd.

City Brookline State MA Zip Code 02445

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

Name of Employer Self Employed Occupation real estate management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60619.C159374

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **3800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Thomas Kershaw

Mailing Address 84 Beacon St.

City Boston State MA Zip Code 02108

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

Name of Employer Hampshire House Restaurant Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 22 / 2006

Transaction ID: 60626.C159551

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 16 Chestnut Street

City Winchester State MA Zip Code 01890

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

Name of Employer Housewife Occupation Housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2006

Transaction ID: 60619.C159288

Amount of Each Receipt this Period
15000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jean Kingston

Mailing Address 16 Chestnut Street

City Winchester State MA Zip Code 01890

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

Name of Employer Housewife Occupation Housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2006

Transaction ID: 60626.C159539

Amount of Each Receipt this Period
-5000.00

Memo
[MEMO ITEM]
3080

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
John Kingston

Mailing Address 16 Chestnut Street

City Winchester State MA Zip Code 01890

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

Name of Employer AMG Occupation Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 60619.C159287

Amount of Each Receipt this Period
15000.00

Receipt

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

Mailing Address 16 Chestnut Street

City Winchester State MA Zip Code 01890

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

Name of Employer AMG Occupation Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2006

Transaction ID: 60626.C159541

Amount of Each Receipt this Period
-5000.00

Memo

[MEMO ITEM]
3080

C. Full Name (Last, First, Middle Initial)
Kristaq Kosho

Mailing Address 151 Sea St.
Apt. 209

City Quincy State MA Zip Code 02169

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 60713.C159731

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **15100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Kenneth Kumph

Mailing Address 35 Nelson Street

City State Zip Code
Georgetown MA 01833

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

Name of Employer Occupation
premier builders Builder

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 6

Transaction ID: 60619.C159446

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 24 Jackson Pond Road

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
Retired Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: 60619.C159277

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Francis Lehar

Mailing Address 11 Norwood Avenue

City State Zip Code
Manchester MA 01944

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

Name of Employer Occupation
Retired Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60619.C159358

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Francis Lehar

Mailing Address 11 Norwood Avenue

City State Zip Code
Manchester MA 01944

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 ▼ 1850.00

Date of Receipt
06 / 28 / 2006

Transaction ID: 60713.C159629

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Gregg Lisciotti

Mailing Address 24 Walden Court

City State Zip Code
Leominster MA 01453

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

Name of Employer Lisciotti Development Corp. Occupation Real Estate Develop.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
06 / 28 / 2006

Transaction ID: 60713.C159613

Amount of Each Receipt this Period
15000.00

Receipt

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

Mailing Address 15 Paine Avenue
Box 235

City State Zip Code
Prides Crossing MA 01965

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 12 / 2006

Transaction ID: 60619.C159276

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 16250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Caleb Loring		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address PO Box 181		Transaction ID: 60713.C159625	
City Beverly	State MA	Zip Code 01965	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Tenens Corporation	Occupation Private Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Kent Lucken		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6	
Mailing Address 65 Fellsmere Road		Transaction ID: 60619.C159474	
City Newton	State MA	Zip Code 02459	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer The Citigroup Private Bank	Occupation Private Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00		

C. Full Name (Last, First, Middle Initial) Donald Lukens		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6	
Mailing Address 84 Eldredge St. Apt. 1		Transaction ID: 60626.C159500	
City Newton	State MA	Zip Code 02458	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional) ▶	5700.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 17 High Street

City State Zip Code
Beverly MA 01915

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

Name of Employer AMG Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159440

Amount of Each Receipt this Period
15000.00

Receipt

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

Mailing Address 17 High Street

City State Zip Code
Beverly MA 01915

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

Name of Employer AMG Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2006

Transaction ID: 60626.C159611

Amount of Each Receipt this Period
-5000.00

Memo

[MEMO ITEM]
Trans. excess contri. P. MacEwen to non-fed

C. Full Name (Last, First, Middle Initial)
Arnold Maloff

Mailing Address One Captains Walk Lane

City State Zip Code
Marblehead MA 01945

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

Name of Employer Endodontics Inc. Occupation dentist - endodontics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159442

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 15200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Harvey Mansfield		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 27 Raymond St		Transaction ID: 60713.C159632	
City State Zip Code Cambridge MA 02140		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Harvard University Professor		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 200.00			

B. Full Name (Last, First, Middle Initial) Kevin Martin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 26 Marine Road		Transaction ID: 60619.C159439	
City State Zip Code Boston MA 02127		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Self Employed CPA		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 5000.00			

C. Full Name (Last, First, Middle Initial) James McManus		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6	
Mailing Address 88 Chestnut St		Transaction ID: 60619.C159225	
City State Zip Code Weston MA 02493		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation James McManus Commercial Real Estate		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional) ▶	5300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 88 Chestnut St

City State Zip Code
Weston MA 02493

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

Name of Employer James McManus Occupation Commercial Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2006

Transaction ID: 60619.C159433

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Greg Mellinger

Mailing Address 23 Perkins Circle

City State Zip Code
Topsfield MA 01983

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

Name of Employer HighQuest Partners Occupation CEO & Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2006

Transaction ID: 60713.C159671

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 10 Longwood Drive, Apt. #509

City State Zip Code
Westwood MA 02090

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2006

Transaction ID: 60619.C159385

Amount of Each Receipt this Period
100.00

Receipt

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1010 Waltham St
F-19

City State Zip Code
Lexington MA 02421-8048

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2006

Transaction ID: 60619.C159279

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 1010 Waltham St
F-19

City State Zip Code
Lexington MA 02421-8048

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 8000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2006

Transaction ID: 60713.C159708

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Katharine Merck

Mailing Address 1010 Waltham St., F-19

City State Zip Code
Lexington MA 02421

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 ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2006

Transaction ID: 60619.C159280

Amount of Each Receipt this Period
2500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 98
	<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)
George Marshall Moriarty

Mailing Address 214 Heath Street

City State Zip Code
Newton MA 02467

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

Name of Employer Occupation
Ropes & Gray Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2006

Transaction ID: 60626.C159526

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Frederick Moseley, III

Mailing Address PO Box 549

City State Zip Code
Hamilton MA 01936

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 13 / 2006

Transaction ID: 60619.C159281

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Carl Nazzaro

Mailing Address 941 Humphrey St.

City State Zip Code
Swampscott MA 01907

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

Name of Employer Occupation
MBTA Foreman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 26 / 2006

Transaction ID: 60626.C159574

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 / 98
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Anthony Nickas		Date of Receipt MM / DD / YYYY 06 / 14 / 2006
Mailing Address 173 Woodland Mead		Transaction ID: 60619.C159292
City Hamilton	State MA	Zip Code 01982
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Collins & Company, LLC	Occupation President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. William Nutt		Date of Receipt MM / DD / YYYY 06 / 16 / 2006
Mailing Address One Parker Lane		Transaction ID: 60619.C159458
City Marblehead	State MA	Zip Code 01945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00
Name of Employer Affiliated Managers Group	Occupation Chairman	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

Full Name (Last, First, Middle Initial) C. William Nutt		Date of Receipt MM / DD / YYYY 06 / 26 / 2006
Mailing Address One Parker Lane		Transaction ID: 60626.C159609
City Marblehead	State MA	Zip Code 01945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -5000.00
Name of Employer Affiliated Managers Group	Occupation Chairman	Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

[MEMO ITEM]
excess contribution, transfer to non-fed/ check # 3117

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Michael OMalley

Mailing Address 1 Kelly Ln.

City State Zip Code
Hudson MA 01749

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 ▼ 375.00

Date of Receipt
06 / 15 / 2006

Transaction ID: 60619.C159325

Amount of Each Receipt this Period
125.00

Receipt

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

Mailing Address 130 Bank St

City State Zip Code
New York NY 10014

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
06 / 14 / 2006

Transaction ID: 60619.C159293

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 67 Carriage Way

City State Zip Code
Sudbury MA 01776

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 ▼ 55.00

Date of Receipt
06 / 15 / 2006

Transaction ID: 60619.C159413

Amount of Each Receipt this Period
55.00

Receipt

SUBTOTAL of Receipts This Page (optional)	5180.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
David Parker

Mailing Address 67 Carriage Way

City State Zip Code
Sudbury MA 01776

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 ▼ 5055.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 60713.C159628

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dean Patenaude

Mailing Address 4 Annie King Lane

City State Zip Code
Dover MA 02030

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

Name of Employer AMG Occupation Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 6

Transaction ID: 60619.C159286

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Brett Perryman

Mailing Address 5 Donald Road

City State Zip Code
Hamilton MA 01982

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

Name of Employer AMG Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 4 / 2 0 0 6

Transaction ID: 60619.C159291

Amount of Each Receipt this Period
3000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	13000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Marion Phillips Mailing Address 279 North St. City Medfield State MA Zip Code 02052 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Transaction ID: 60619.C159375 Amount of Each Receipt this Period 200.00 Receipt
Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B. Full Name (Last, First, Middle Initial) Thomas Picher Mailing Address 4 Kirkland Circle City Wellesley State MA Zip Code 02481 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Transaction ID: 60619.C159307 Amount of Each Receipt this Period 200.00 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 ▼ 200.00	

C. Full Name (Last, First, Middle Initial) Betsy Prudden Mailing Address SunnyDell Farm 896 Graves Road City Conway State MA Zip Code 01341 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 Transaction ID: 60619.C159237 Amount of Each Receipt this Period 100.00 Receipt
Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Emma Roberts		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 55 Dodges Row		Transaction ID: 60619.C159448	
City State Zip Code Wenham MA 01984		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Capers Catering Business owner		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Thomas Roberts		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 106 Edmunds Road		Transaction ID: 60713.C159622	
City State Zip Code Wellesley MA 02481		Amount of Each Receipt this Period 15000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation Summit Partners Venture Capital		Aggregate Year-to-Date ▼ 15000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		note: excess transferred 7/11/06- will be reflected in next	

C. Full Name (Last, First, Middle Initial) David Rodriguez-Pinzon		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 6 Crestview Drive		Transaction ID: 60619.C159450	
City State Zip Code Southborough MA 01772		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Occupation EDF Corp CEO		Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ann Romney

Mailing Address 171 Marsh St.

City Belmont State MA Zip Code 02478

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

Name of Employer Homemaker Occupation At home

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 60713.C159738

Amount of Each Receipt this Period
10000.00

Receipt

B. Full Name (Last, First, Middle Initial)
W. Mitt Romney

Mailing Address 171 Marsh St.

City Belmont State MA Zip Code 02478

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

Name of Employer Commonwealth of Massachusetts Occupation Governor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 60713.C159739

Amount of Each Receipt this Period
10000.00

Receipt

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

Mailing Address 119 Mt. Pleasant Ave.

City Gloucester State MA Zip Code 01930

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2006

Transaction ID: 60713.C159630

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	21000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Patrick Ryan

Mailing Address c/o MassGOP
686 Hale St,

City State Zip Code
Beverly MA 01915

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

Name of Employer Physicians Dialysis
Occupation Healthcare Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2006

Transaction ID: 60619.C159466

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Carl Selavka

Mailing Address 73 North Maple Street

City State Zip Code
Hadley MA 01035

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

Name of Employer Retired
Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2006

Transaction ID: 60619.C159369

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Shea

Mailing Address 248 Commonwealth Avenue

City State Zip Code
Boston MA 02116

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

Name of Employer Clark/Pearl Meyer
Occupation Business Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2006

Transaction ID: 60713.C159649

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	6100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Thaddeus Siemasko		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 126 Dodge Street		Transaction ID: 60619.C159455	
City State Zip Code Beverly MA 01915	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Siemasko & Verbridge	Occupation Architect		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Craig Smith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 5153 Bluebonnet Blvd.		Transaction ID: 60619.C159275	
City State Zip Code Baton Rouge LA 70809	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Self Employed	Occupation real estate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Derek Smith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6	
Mailing Address 2 Bridal Path		Transaction ID: 60619.C159476	
City State Zip Code Beverly MA 01915	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 ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 / 98
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Guenter Spanknebel		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6	
Mailing Address 226 Leominster Rd.		Transaction ID: 60626.C159491	
City State Zip Code Sterling MA 01564	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Self Employed Occupation Physician	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John Spring		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address 285 Elm St		Transaction ID: 60713.C159627	
City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Retired Occupation Retired	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John Stadtler		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 20 Bridle Path		Transaction ID: 60619.C159460	
City State Zip Code Walpole MA 02081	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Price Waterhouse Coopers Occupation Partner	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	6150.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Carl Stoy

Mailing Address 106 Ruskin St.

City State Zip Code
Chicopee MA 01020

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2006

Transaction ID: 60713.C159662

Amount of Each Receipt this Period
50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Karolina Tager

Mailing Address 135 Beaconsfield Road
Apt 2

City State Zip Code
Brookline MA 02445

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

Name of Employer Occupation
Bell Maison Interior Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2006

Transaction ID: 60619.C159444

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Edward Travers

Mailing Address 4 Otis Avenue

City State Zip Code
Cohasset MA 02025

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

Name of Employer Occupation
Liffy Capital LLC Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 16 / 2006

Transaction ID: 60619.C159443

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Herbert Tuckerman

Mailing Address 413 Hale St.

City State Zip Code
Beverly MA 01915

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 ▼ 700.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2006

Transaction ID: 60713.C159626

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 12 Gallison Ave

City State Zip Code
Marblehead MA 01945

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

Name of Employer Siemasko & Verbridge Occupation Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2006

Transaction ID: 60619.C159456

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Christopher Vincze

Mailing Address 1 Eisenhaure Lane

City State Zip Code
North Reading MA 01864

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

Name of Employer TRC Companies Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2006

Transaction ID: 60619.C159265

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address One Charles Street South
Apt 7-H

City Boston State MA Zip Code 02116

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

Name of Employer IXIS Asset Mgmt Group Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 60713.C159623

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Everett Walsh

Mailing Address 14 Wood Avenue

City South Hadley State MA Zip Code 01075

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

Name of Employer Everett Associates, Inc. Occupation Business owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 6

Transaction ID: 60626.C159489

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Roger Wellington

Mailing Address PO Box 898
140 Garrison Ln.

City Osterville State MA Zip Code 02655-0898

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 ▼ 725.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 6

Transaction ID: 60713.C159624

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 98
	(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)
E. Andrew Wilde

Mailing Address 1210 Greendale Ave.
Apt. E3

City State Zip Code
Needham MA 02492

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2006

Transaction ID: 60626.C159510

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Albert Wilson

Mailing Address 29 Concord Court

City State Zip Code
Bedford MA 01730

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2006

Transaction ID: 60619.C159309

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	382530.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Committee to Re-Elect George Peterson

Mailing Address po box 274

City State Zip Code
Grafton MA 01519

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

Name of Employer Political Committee Occupation
CPF#1241

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: 60713.C159716

Amount of Each Receipt this Period
-550.00

Memo
[MEMO ITEM]
transfer contribution mistakenly deposited 5/11 to non-fed

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

Mailing Address Five Moore Drive
Research Triangle Park

City State Zip Code
Durham NC 27709

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

Name of Employer PAC Occupation
FEC: C00199703

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2006

Transaction ID: 60626.C159484

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Nixon Peabody PAC

Mailing Address Richard Pedone
PO Box 31051

City State Zip Code
Rochester NY 14603

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

Name of Employer PAC: Occupation
FEC ID:C00404178

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: 60713.C159721

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)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
 The Commonwealth PAC

Mailing Address PO Box 151

City State Zip Code
 Boston MA 02117

FEC ID number of contributing federal political committee.
 C

Name of Employer Occupation
 PAC FEC ID: C000403022

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: 60713.C159709

Amount of Each Receipt this Period
 5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	15000.00

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 49 / 98

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

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

Full Name (Last, First, Middle Initial) A. Affiliated Managers AMG		Transaction ID: 60713.E8682 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 600 Hale St.		Amount of Each Disbursement this Period 540.00
City Beverly State MA Zip Code 01965-	ADMINITRAIVE SUPPORT	
Purpose of Disbursement ADMINITRAIVE SUPPORT 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) ▼

Full Name (Last, First, Middle Initial) B. Insurance Barrows		Transaction ID: 60713.E8650 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 215 North Main St.		Amount of Each Disbursement this Period 1827.28
City Mansfield State MA Zip Code 02048-	INSURANCE	
Purpose of Disbursement INSURANCE Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Peter Blute		Transaction ID: 60713.E8664 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 657 South St.		Amount of Each Disbursement this Period 8000.00
City Shrewsbury State MA Zip Code 01545-	POLITICAL CONSULTING ADVI- SOR ON POLITICAL ISSUES.	
Purpose of Disbursement POLITICAL CONSULTING ADVISOR ON POLITIC Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	10367.28
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 50 / 98

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

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

Full Name (Last, First, Middle Initial) A. B&S Bodoff & Slavitt		Transaction ID: 60713.E8651 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 225 Friend Street		Amount of Each Disbursement this Period 2852.22
City Boston State MA Zip Code 02114-	LEGAL COUNSEL/ADVICE	
Purpose of Disbursement LEGAL COUNSEL/ADVICE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Boy Genius- Boy Genius Inc.		Transaction ID: 60713.E8652 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 61		Amount of Each Disbursement this Period 368.75
City Pascoag State RI Zip Code 02859-	WEB HOSTING	
Purpose of Disbursement WEB HOSTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Cambridge Offset Printing		Transaction ID: 60713.E8654 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 56 Creighton Street		Amount of Each Disbursement this Period 1443.75
City Cambridge State MA Zip Code 02140-	PRINTING-FOR PARTY NON FED CANDIDATE	
Purpose of Disbursement PRINTING-FOR PARTY NON FED CANDIDATE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4664.72
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Cambridge Offset Printing		Transaction ID: 60713.E8683 Date of Disbursement MM / DD / YYYY 06 / 19 / 2006
Mailing Address 56 Creighton Street		Amount of Each Disbursement this Period 729.75
City Cambridge State MA Zip Code 02140-	GENERAL PRINTING NON FEA NO FED CANDIDATE	
Purpose of Disbursement GENERAL PRINTING NON FEA NO FED CANDIDAT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CC Capers Catering		Transaction ID: 60713.E8735 Date of Disbursement MM / DD / YYYY 06 / 29 / 2006
Mailing Address 21 Emerson Street		Amount of Each Disbursement this Period 1255.59
City Stoneham State MA Zip Code 02180-	EVENT-CATERING FOR GENERAL PARTY EVENT; NON-FEA NO FED CANDIDATE	
Purpose of Disbursement EVENT-CATERING FOR GENERAL PARTY EVENT;		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Css Castle Self-Storage		Transaction ID: 60619.E8606 Date of Disbursement MM / DD / YYYY 06 / 01 / 2006
Mailing Address 39 Old Colony Ave.		Amount of Each Disbursement this Period 289.12
City Boston State MA Zip Code 02127-	STORAGE	
Purpose of Disbursement STORAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2274.46
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Coss Castle Self-Storage		Transaction ID: 60713.E8698 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 39 Old Colony Ave.		Amount of Each Disbursement this Period 289.12
City Boston State MA Zip Code 02127-	STORAGE	
Purpose of Disbursement STORAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CC Merchandise		Transaction ID: 60713.E8655 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 310 Bourne Ave. Bldg 75		Amount of Each Disbursement this Period 841.12
City Rumford State RI Zip Code 02916-	T-SHIRTS FOR NON-FEA GENERAL PARTY EVENT	
Purpose of Disbursement T-SHIRTS FOR NON-FEA GENERAL PARTY EVENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CDW CDW		Transaction ID: 60713.E8656 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 50 S. LaSalle Street		Amount of Each Disbursement this Period 104.90
City Chicago State IL Zip Code 60675-	COMPUTER EQUIPMENT	
Purpose of Disbursement COMPUTER EQUIPMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1235.14
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Conference Call Conference Call.		Transaction ID: 60713.E8657 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address 1445 MacArthur Dr. Suite 214		Amount of Each Disbursement this Period 398.74
City Carrollton State TX Zip Code 75007-	CONFERENCE CALL	
Purpose of Disbursement CONFERENCE CALL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CPMA, Inc.		Transaction ID: 60713.E8658 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address 84 Prescott St. Suite 21		Amount of Each Disbursement this Period 5000.00
City Cambridge State MA Zip Code 02138-	POLITICAL CONSULTING NO-N-FEA POLITICAL CONSULTING ADVICE	
Purpose of Disbursement POLITICAL CONSULTING NON-FEA POLITICAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CPMA, Inc.		Transaction ID: 60713.E8684 Date of Disbursement MM / DD / YYYY 06 / 19 / 2006
Mailing Address 84 Prescott St. Suite 21		Amount of Each Disbursement this Period 5000.00
City Cambridge State MA Zip Code 02138-	POLITICAL CONSULTING NO-N-FEA POLITICAL CONSULTING ADVICE	
Purpose of Disbursement POLITICAL CONSULTING NON-FEA POLITICAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10398.74
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Paul Craney		Transaction ID: 60619.E8611 Date of Disbursement 06 / 10 / 2006	
Mailing Address 177 Cambridge Ave		Amount of Each Disbursement this Period 97.69	
City Fair Haven State NJ Zip Code 07704-	Purpose of Disbursement REIMBURSEMENT FOR MILEAGE	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 MILEAGE	

Full Name (Last, First, Middle Initial) B. Paul Craney		Transaction ID: 60713.E8713 Date of Disbursement 06 / 15 / 2006	
Mailing Address 177 Cambridge Ave		Amount of Each Disbursement this Period 310.44	
City Fair Haven State NJ Zip Code 07704-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	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: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Paul Craney		Transaction ID: 60713.E8714 Date of Disbursement 06 / 15 / 2006	
Mailing Address 177 Cambridge Ave		Amount of Each Disbursement this Period 250.40	
City Fair Haven State NJ Zip Code 07704-	Purpose of Disbursement P.CRANEY REIMBURSEMENT FOR PERSONAL CAR	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) ▼	[MEMO ITEM] MEMO: P.CRANEY REIMBURSEM- ENT FOR PERSONAL CAR USE MILEAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	408.13
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. Paul Craney Full Name (Last, First, Middle Initial) Mailing Address 177 Cambridge Ave City Fair Haven State NJ Zip Code 07704-		Transaction ID: 60713.E8694 Date of Disbursement 06 / 22 / 2006 Amount of Each Disbursement this Period 73.40
Purpose of Disbursement REIMBURSEMENT FOR MILEAGE 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 MILEAGE

B. Dell Dell Computer Full Name (Last, First, Middle Initial) Mailing Address PO Box 9020 City Des Moines State IA Zip Code 50368-9020		Transaction ID: 60713.E8659 Date of Disbursement 06 / 15 / 2006 Amount of Each Disbursement this Period 821.75
Purpose of Disbursement COMNPUTER EQUIPMENT 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) ▼		COMNPUTER EQUIPMENT

C. Dell Dell Computer Full Name (Last, First, Middle Initial) Mailing Address PO Box 9020 City Des Moines State IA Zip Code 50368-9020		Transaction ID: 60713.E8692 Date of Disbursement 06 / 22 / 2006 Amount of Each Disbursement this Period 42.35
Purpose of Disbursement FINANCE CHARGE 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) ▼		FINANCE CHARGE

SUBTOTAL of Disbursements This Page (optional) ▶	937.50
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 56 / 98

<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) Hui Jojo Deng		Transaction ID: 60619.E8608 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 117 Beaconsfield Road		Amount of Each Disbursement this Period 858.00
City Brookline State MA Zip Code 02445-	ACCOUNTING SERVICE- GENERAL ACCOUNTING NON-FEA	
Purpose of Disbursement ACCOUNTING SERVICE- GENERAL ACCOUNTING N		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) DirecTV DirecTV		Transaction ID: 60713.E8675 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 60036		Amount of Each Disbursement this Period 144.90
City Los Angeles State CA Zip Code 90060-0036	CABLE SERVICE	
Purpose of Disbursement CABLE SERVICE		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) ▼	

C. Full Name (Last, First, Middle Initial) ENIlsson ENIlsson		Transaction ID: 60713.E8685 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 6 Depot Street		Amount of Each Disbursement this Period 2759.00
City Westford State MA Zip Code 01886-	WEBHOSTING	
Purpose of Disbursement WEBHOSTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3761.90
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)

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

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

Full Name (Last, First, Middle Initial) A. Federal Express (Fed Ex)		Transaction ID: 60713.E8660 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 995.18
City Pittsburgh State PA Zip Code 15250-	Category/ Type EXPRESS MAIL- NON FEA	
Purpose of Disbursement EXPRESS MAIL- 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) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express (Fed Ex)		Transaction ID: 60713.E8686 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 235.29
City Pittsburgh State PA Zip Code 15250-	Category/ Type EXPRESS MAIL- NON FEA	
Purpose of Disbursement EXPRESS MAIL- 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) ▼	

Full Name (Last, First, Middle Initial) C. Brandon Finn		Transaction ID: 60619.E8604 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 163 Belmont St. Apt.1		Amount of Each Disbursement this Period 838.71
City Belmont State MA Zip Code 02478-	Category/ Type REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		
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) ▶	2069.18
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. Brandon Finn Full Name (Last, First, Middle Initial) Mailing Address 163 Belmont St. Apt.1 City Belmont State MA Zip Code 02478- Purpose of Disbursement B.FINN REIMBURSEMENT FOR PERSONAL CAR US 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: 60619.E8617 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2006 Amount of Each Disbursement this Period 838.71 [MEMO ITEM] MEMO: B.FINN REIMBURSEMENT FOR PERSONAL CAR USE MILE-AGE
--	--	--

B. Fleet Bank Full Name (Last, First, Middle Initial) Mailing Address 100 Federal Street City Boston State MA Zip Code 02110- Purpose of Disbursement BANK SERVICE CHARGE 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: 60719.E8767 Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2006 Amount of Each Disbursement this Period 72.50 BANK SERVICE CHARGE
---	--	--

C. Full Impact Production Full Name (Last, First, Middle Initial) Mailing Address 50 Springfield Street City Belmont State MA Zip Code 02478- Purpose of Disbursement EVENT PLANNING FEE- GENERAL PARTY EVENT 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: 60713.E8697 Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2006 Amount of Each Disbursement this Period 20214.41 EVENT PLANNING FEE- GENERAL PARTY EVENT NON-FEA
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SUBTOTAL of Disbursements This Page (optional) ▶	20286.91
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Garage Government Center		Transaction ID: 60713.E8661 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 2400.00
City Boston State MA Zip Code 02114-	Category/ Type PARKING	
Purpose of Disbursement PARKING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Garage Government Center		Transaction ID: 60713.E8699 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 50 New Sudbury Street		Amount of Each Disbursement this Period 2400.00
City Boston State MA Zip Code 02114-	Category/ Type PARKING	
Purpose of Disbursement PARKING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Guardian Guardian		Transaction ID: 60719.E8766 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address Boston Group Office 1 Liberty Square		Amount of Each Disbursement this Period 895.55
City Boston State MA Zip Code 02109-	Category/ Type INSURANCE	
Purpose of Disbursement INSURANCE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5695.55
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bruce Harrison		Transaction ID: 60619.E8605 Date of Disbursement 06 / 01 / 2006	
Mailing Address 101 Elm St		Amount of Each Disbursement this Period 150.21	
City Wakefield	State MA	Zip Code 01880-	REIMBURSEMENT FOR OFFICE SUPPLIES
Purpose of Disbursement REIMBURSEMENT FOR OFFICE SUPPLIES		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. Bruce Harrison		Transaction ID: 60713.E8653 Date of Disbursement 06 / 15 / 2006	
Mailing Address 101 Elm St		Amount of Each Disbursement this Period 1000.00	
City Wakefield	State MA	Zip Code 01880-	GENERAL ADMINISTRATIVE SE- RVICE- NON FEA NO FEDERAL CANDIDATE
Purpose of Disbursement GENERAL ADMINISTRATIVE SERVICE- NON FEA		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. HPH Inc. Harvard Pilgram Heal		Transaction ID: 60713.E8693 Date of Disbursement 06 / 22 / 2006	
Mailing Address 1200 Crown Colony Dr.		Amount of Each Disbursement this Period 6490.11	
City Quincy	State MA	Zip Code 02169-	HEALTH INSURANCE
Purpose of Disbursement HEALTH INSURANCE		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ▶	7640.32
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lyndsay Jones		Transaction ID: 60619.E8609 Date of Disbursement MM / DD / YYYY 06 / 01 / 2006
Mailing Address 95 West Squantum St. #707		Amount of Each Disbursement this Period 69.64
City North Quincy State MA Zip Code 02171-	Purpose of Disbursement REIMBURSEMENT FOR PARKING TRAVEL FOOD 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 PARKING TRAVEL FOOD

Full Name (Last, First, Middle Initial) B. Lyndsay Jones		Transaction ID: 60713.E8679 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address 95 West Squantum St. #707		Amount of Each Disbursement this Period 92.50
City North Quincy State MA Zip Code 02171-	Purpose of Disbursement REIMBURSEMENT FOR PARKING TRAVLE FOOD 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 PARKING TRAVLE FOOD

Full Name (Last, First, Middle Initial) C. Barney Keller		Transaction ID: 60713.E8691 Date of Disbursement MM / DD / YYYY 06 / 22 / 2006
Mailing Address 187 Lewis Rd.		Amount of Each Disbursement this Period 7.40
City Belmont State MA Zip Code 02478-	Purpose of Disbursement REIMBURSEMENT FOR FOOD/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) ▼	REIMBURSEMENT FOR FOOD/TR- AVEL

SUBTOTAL of Disbursements This Page (optional) ▶	169.54
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Samantha Levine		Transaction ID: 60619.E8613 Date of Disbursement 06 / 01 / 2006	
Mailing Address 15 Oak St.		Amount of Each Disbursement this Period 175.74	
City Chestnut Hill State MA Zip Code 02467-	Purpose of Disbursement REIMBURSEMENT FOR MILEAGE	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 MILEAGE	

Full Name (Last, First, Middle Initial) B. Lexis-Nexis		Transaction ID: 60713.E8676 Date of Disbursement 06 / 15 / 2006	
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 913.00	
City Philadelphia State PA Zip Code 19170-	Purpose of Disbursement RESEARCH	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) ▼	RESEARCH	

Full Name (Last, First, Middle Initial) C. Boston Marriott Newton		Transaction ID: 60713.E8736 Date of Disbursement 06 / 29 / 2006	
Mailing Address 2345 Commonwealth Ave.		Amount of Each Disbursement this Period 402.97	
City Newton State MA Zip Code 02466-	Purpose of Disbursement GENERAL MEETING/EVENT- ROOM AND CATERING	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) ▼	GENERAL MEETING/EVENT- RO- OM AND CATERING NON-FEA NO FEDERAL CANDIDATE	

SUBTOTAL of Disbursements This Page (optional) ▶	1491.71
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Merchants Bankcard		Transaction ID: 60719.E8761 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address Fleet Bank 100 Federal Street		Amount of Each Disbursement this Period 74.99
City Boston State MA Zip Code 02110-	CREDIT CARD FEE	
Purpose of Disbursement CREDIT CARD FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Merchants Bankcard		Transaction ID: 60719.E8762 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address Fleet Bank 100 Federal Street		Amount of Each Disbursement this Period 25.00
City Boston State MA Zip Code 02110-	CREDIT CARD FEE	
Purpose of Disbursement CREDIT CARD FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Merchants Bankcard		Transaction ID: 60719.E8763 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address Fleet Bank 100 Federal Street		Amount of Each Disbursement this Period 50.00
City Boston State MA Zip Code 02110-	CREDIT CARD FEE	
Purpose of Disbursement CREDIT CARD FEE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	149.99
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) mindShift Technologies, Inc.		Transaction ID: 60713.E8737 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 200105		Amount of Each Disbursement this Period 5030.00
City Pittsburgh State PA Zip Code 15251-	COMPUTER NETWORK SERVER AND SERVICE	
Purpose of Disbursement COMPUTER NETWORK SERVER AND SERVICE		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) ▼

B. Full Name (Last, First, Middle Initial) Konica Minolta Business Systems		Transaction ID: 60713.E8662 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 7247-0322		Amount of Each Disbursement this Period 987.18
City Philadelphia State PA Zip Code 19170-0322	COPIER RENTAL	
Purpose of Disbursement COPIER RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) NBM Northern Business		Transaction ID: 60619.E8610 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 24 Terry Avenue		Amount of Each Disbursement this Period 514.20
City Burlington State MA Zip Code 01803-	COPY MACHINE	
Purpose of Disbursement COPY MACHINE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6531.38
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Communication Inc OBrien		Transaction ID: 60713.E8678 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 659		Amount of Each Disbursement this Period 505.00
City Wrentham	State MA Zip Code 02093-	
Purpose of Disbursement PHONE SYSTEM MAINTANENCE		PHONE SYSTEM MAINTANENCE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Ox-Eye Properties		Transaction ID: 60713.E8663 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address c/o Massey & Co. 85 Merrimac Street		Amount of Each Disbursement this Period 5523.67
City Boston	State MA Zip Code 02114-	
Purpose of Disbursement RENT		RENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Ox-Eye Properties		Transaction ID: 60713.E8706 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address c/o Massey & Co. 85 Merrimac Street		Amount of Each Disbursement this Period 5523.67
City Boston	State MA Zip Code 02114-	
Purpose of Disbursement RENT		RENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	11552.34
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Paychex/InterPay		Transaction ID: 60619.E8559 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 1480.76
City Boston State MA Zip Code 02266-	Category/ Type PAYROLL-401 K	
Purpose of Disbursement PAYROLL-401 K		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex/InterPay		Transaction ID: 60619.E8558 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 8957.96
City Boston State MA Zip Code 02266-	Category/ Type PAYROLL-TAXES	
Purpose of Disbursement PAYROLL-TAXES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex/InterPay		Transaction ID: 60719.E8764 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 261.38
City Boston State MA Zip Code 02266-	Category/ Type PAYROLL SERVICE	
Purpose of Disbursement PAYROLL SERVICE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10700.10
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

Full Name (Last, First, Middle Initial) A. Paychex/InterPay		Transaction ID: 60619.E8600 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 1480.76
City Boston State MA Zip Code 02266-	Category/ Type PAYROLL-401 K	
Purpose of Disbursement PAYROLL-401 K		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex/InterPay		Transaction ID: 60619.E8599 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 7230.57
City Boston State MA Zip Code 02266-	Category/ Type PAYROLL- TAX	
Purpose of Disbursement PAYROLL- TAX		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex/InterPay		Transaction ID: 60719.E8765 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 160.00
City Boston State MA Zip Code 02266-	Category/ Type PAYROLL SERVICE - 401 K	
Purpose of Disbursement PAYROLL SERVICE - 401 K		
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) ▶	8871.33
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Paychex/InterPay		Transaction ID: 60713.E8648 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 7288.52
City Boston State MA Zip Code 02266-	PAYROLL-TAXES	
Purpose of Disbursement PAYROLL-TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex/InterPay		Transaction ID: 60713.E8649 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 8295 DO NOT MAIL		Amount of Each Disbursement this Period 1480.76
City Boston State MA Zip Code 02266-	PAYROLL-401 K	
Purpose of Disbursement PAYROLL-401 K		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Poland Spring Poland Spring		Transaction ID: 60713.E8665 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address Processing Center PO Box 52271		Amount of Each Disbursement this Period 147.80
City Phoenix State AZ Zip Code 85072-	BOTTLE WATER	
Purpose of Disbursement BOTTLE WATER		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8917.08
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Poland Spring Poland Spring		Transaction ID: 60713.E8695 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address Processing Center PO Box 52271		Amount of Each Disbursement this Period 88.39
City Phoenix State AZ Zip Code 85072-	Purpose of Disbursement BOTTLE WATER 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) ▼	BOTTLE WATER

Full Name (Last, First, Middle Initial) B. Boston Postmaster		Transaction ID: 60713.E8690 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address JW MCCORMACK STATION New Chardon Street		Amount of Each Disbursement this Period 1950.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement POSTAGE-GENERAL USE 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) ▼	POSTAGE-GENERAL USE NON-F-EA

Full Name (Last, First, Middle Initial) C. Boston Postmaster		Transaction ID: 60713.E8738 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address JW MCCORMACK STATION New Chardon Street		Amount of Each Disbursement this Period 1200.00
City Boston State MA Zip Code 02114-	Purpose of Disbursement POSTAGE-GENERAL USE 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) ▼	POSTAGE-GENERAL USE NON-F-EA

SUBTOTAL of Disbursements This Page (optional) ▶	3238.39
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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. Jinara Reyes Full Name (Last, First, Middle Initial) Mailing Address 66 Greenleaf St. Apt. # 33 City Quincy State MA Zip Code 02169-		Transaction ID: 60713.E8718 Date of Disbursement: 06 / 15 / 2006 Amount of Each Disbursement this Period 1094.98
Purpose of Disbursement REIMBURSEMENT : SEE BELOW (ALL ACCOUNTED)		REIMBURSEMENT : SEE BELOW (ALL ACCOUNTED FOR W/ EXPENSES LESS THAN \$50)
Candidate Name _____ Category/Type _____		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. UA United Airlines Full Name (Last, First, Middle Initial) Mailing Address web address only- www.united.com City Boston State MA Zip Code 02114-		Transaction ID: 60713.E8720 Date of Disbursement: 06 / 15 / 2006 Amount of Each Disbursement this Period 605.18
Purpose of Disbursement J.REYES REIMBURSEMENT FOR AIRFARE		[MEMO ITEM] MEMO: J.REYES REIMBURSEMENT FOR AIRFARE
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) ▼	

C. Steven Roche Full Name (Last, First, Middle Initial) Mailing Address 70 Hope Ave. Apt 302 City Waltham State MA Zip Code 02453-		Transaction ID: 60713.E8708 Date of Disbursement: 06 / 15 / 2006 Amount of Each Disbursement this Period 1007.39
Purpose of Disbursement REIMBURSEMENT : SEE BELOW		REIMBURSEMENT : SEE BELOW
Candidate Name _____ Category/Type _____		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2102.37
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Laz Parking Ltd.		Transaction ID: 60713.E8710 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address 101 Merrimac Street		Amount of Each Disbursement this Period 375.00
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: S. ROCHE REIMBURSEMENT FOR PARKING	
Purpose of Disbursement S. ROCHE REIMBURSEMENT FOR PARKING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ruth Chris Steakhouse Restaurant		Transaction ID: 60713.E8712 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address 724 9th Street NW		Amount of Each Disbursement this Period 105.94
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: S. ROCHE REIMBURSEMENT FOR FOOD	
Purpose of Disbursement S. ROCHE REIMBURSEMENT FOR FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ruth Chris Steakhouse Restaurant		Transaction ID: 60713.E8711 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address 724 9th Street NW		Amount of Each Disbursement this Period 256.78
City Washington State DC Zip Code 20001-	[MEMO ITEM] MEMO: S. ROCHE REIMBURSEMENT FOR FOOD	
Purpose of Disbursement S. ROCHE REIMBURSEMENT FOR FOOD		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

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

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

<p>A. Sprint/Nextel</p> <p>Full Name (Last, First, Middle Initial) Sprint/Nextel</p> <p>Mailing Address PO Box 17990</p> <p>City Denver State CO Zip Code 80217-</p> <p>Purpose of Disbursement S. ROCHE REIMBURSEMENT FOR CELL PHONE CAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 60713.E8709</p> <p>Date of Disbursement 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 135.84</p> <p>[MEMO ITEM] MEMO: S. ROCHE REIMBURSEMENT FOR CELL PHONE CALLS</p>
---	--	--

<p>B. Mark Rowe</p> <p>Full Name (Last, First, Middle Initial) Mark Rowe</p> <p>Mailing Address 216 W. Plain St.</p> <p>City Wayland State MA Zip Code 01778-</p> <p>Purpose of Disbursement REIMBURSEMENT: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 60713.E8729</p> <p>Date of Disbursement 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 245.75</p> <p>REIMBURSEMENT: SEE BELOW</p>
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<p>C. Winston Winston Flower</p> <p>Full Name (Last, First, Middle Initial) Winston Winston Flower</p> <p>Mailing Address P O Box 933</p> <p>City Boston State MA Zip Code 02117-</p> <p>Purpose of Disbursement M. ROWE REIMBURSEMENT FOR FLOWERS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 60713.E8732</p> <p>Date of Disbursement 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 245.75</p> <p>[MEMO ITEM] MEMO: M. ROWE REIMBURSEMENT FOR FLOWERS</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>245.75</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Mark Rowe		Transaction ID: 60713.E8722 Date of Disbursement 06 / 15 / 2006	
Mailing Address 216 W. Plain St.		Amount of Each Disbursement this Period 349.67	
City Wayland State MA Zip Code 01778-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	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: SEE BELOW	

Full Name (Last, First, Middle Initial) B. Boston Beer Work		Transaction ID: 60713.E8723 Date of Disbursement 06 / 15 / 2006	
Mailing Address 112 Canal St.		Amount of Each Disbursement this Period 158.96	
City Boston State MA Zip Code 02114-	Purpose of Disbursement M.ROWE REIMBURSEMENT FOR FOOD	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) ▼	[MEMO ITEM] MEMO: M.ROWE REIMBURSEMENT FOR FOOD	

Full Name (Last, First, Middle Initial) C. Mark Rowe		Transaction ID: 60713.E8728 Date of Disbursement 06 / 15 / 2006	
Mailing Address 216 W. Plain St.		Amount of Each Disbursement this Period 454.22	
City Wayland State MA Zip Code 01778-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	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: SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	803.89
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) Boston Marriott Newton		Transaction ID: 60713.E8731 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 2345 Commonwealth Ave.		Amount of Each Disbursement this Period 138.76
City Newton State MA Zip Code 02466-	[MEMO ITEM] MEMO: M. ROWE REIMBURSEMENT FOR FOOD AT STATE COMMITTEE MEETING NON-FEA NO FEDERAL CANDIDATE	
Purpose of Disbursement M. ROWE REIMBURSEMENT FOR FOOD AT STATE C		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) ▼	

B. Full Name (Last, First, Middle Initial) Verizon Verizon Wireless		Transaction ID: 60713.E8730 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 315.46
City Wallingford State CT Zip Code 06492-	[MEMO ITEM] MEMO: M. ROWE REIMBURSEMENT FOR CELL PHONE CALLS	
Purpose of Disbursement M. ROWE REIMBURSEMENT FOR CELL PHONE CALL		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) ▼	

C. Full Name (Last, First, Middle Initial) Mark Rowe		Transaction ID: 60713.E8724 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 216 W. Plain St.		Amount of Each Disbursement this Period 293.03
City Wayland State MA Zip Code 01778-	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	293.03
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. TUC The Upper Crust		Transaction ID: 60713.E8725 Date of Disbursement 06 / 15 / 2006
Mailing Address 20 Charles St.		Amount of Each Disbursement this Period 251.90
City Boston State MA Zip Code 02114-	[MEMO ITEM] MEMO: M. ROWE REIMBURSEMENT FOR FOOD	
Purpose of Disbursement M. ROWE REIMBURSEMENT FOR FOOD		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Mark Rowe		Transaction ID: 60713.E8726 Date of Disbursement 06 / 15 / 2006
Mailing Address 216 W. Plain St.		Amount of Each Disbursement this Period 541.59
City Wayland State MA Zip Code 01778-	REIMBURSEMENT : SEE BELOW	
Purpose of Disbursement REIMBURSEMENT : SEE BELOW		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. BSS Beverly Self Storage		Transaction ID: 60713.E8727 Date of Disbursement 06 / 15 / 2006
Mailing Address 60 Pleasent St.		Amount of Each Disbursement this Period 490.00
City Beverly State MA Zip Code 01915-	[MEMO ITEM] MEMO: M. ROWE REIMBURSEMENT FOR STORAGE	
Purpose of Disbursement M. ROWE REIMBURSEMENT FOR STORAGE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	541.59
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. Priscilla Ruzzo Full Name (Last, First, Middle Initial) Mailing Address 85 Overlook Road City Boston State MA Zip Code 02132-		Transaction ID: 60713.E8707 Date of Disbursement: MM / DD / YYYY 06 / 19 / 2006
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL AND MEAL 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:		Amount of Each Disbursement this Period 436.90 REIMBURSEMENT FOR TRAVEL AND MEAL

B. Ensieh Sarrami Full Name (Last, First, Middle Initial) Mailing Address 9214 Inglewood Dr. City Potomac State MD Zip Code 20854-		Transaction ID: 60619.E8607 Date of Disbursement: MM / DD / YYYY 06 / 01 / 2006
Purpose of Disbursement REIMBURSEMENT: SEE BELOW 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:		Amount of Each Disbursement this Period 311.20 REIMBURSEMENT: SEE BELOW

C. Ensieh Sarrami Full Name (Last, First, Middle Initial) Mailing Address 9214 Inglewood Dr. City Potomac State MD Zip Code 20854-		Transaction ID: 60619.E8620 Date of Disbursement: MM / DD / YYYY 06 / 01 / 2006
Purpose of Disbursement E.SARRAMI REIMBURSEMENT FOR PERSONAL CAR 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:		Amount of Each Disbursement this Period 291.20 [MEMO ITEM] MEMO: E.SARRAMI REIMBURSEMENT FOR PERSONAL CAR USE MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	748.10
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

Full Name (Last, First, Middle Initial) A. Ensieh Sarrami		Transaction ID: 60713.E8681 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 9214 Inglewood Dr.		Amount of Each Disbursement this Period 221.20
City Potomac State MD Zip Code 20854-	REIMBURSEMENT FOR MILEAGE	
Purpose of Disbursement REIMBURSEMENT FOR MILEAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Ensieh Sarrami		Transaction ID: 60713.E8741 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 9214 Inglewood Dr.		Amount of Each Disbursement this Period 364.80
City Potomac State MD Zip Code 20854-	REIMBURSEMENT : SEE BELOW	
Purpose of Disbursement REIMBURSEMENT : SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Ensieh Sarrami		Transaction ID: 60713.E8742 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 9214 Inglewood Dr.		Amount of Each Disbursement this Period 364.80
City Potomac State MD Zip Code 20854-	[MEMO ITEM] MEMO: E.SARRAMI REIMBURSE- MENT FOR PERSONAL CAR USE MILEAGE	
Purpose of Disbursement E.SARRAMI REIMBURSEMENT FOR PERSONAL CAR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	586.00
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)

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

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

Full Name (Last, First, Middle Initial) A. SCM Associates		Transaction ID: 60713.E8666 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address Steve Meyers PO Box 720		Amount of Each Disbursement this Period 11803.00
City Jaffrey State NH Zip Code 03452-	Purpose of Disbursement DIRECT MAILING PROGRAM NON FEA NO FEDE 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) ▼	DIRECT MAILING PROGRAM NON FEA NO FEDERAL CANDIDATE

Full Name (Last, First, Middle Initial) B. SCM Associates		Transaction ID: 60713.E8687 Date of Disbursement MM / DD / YYYY 06 / 19 / 2006
Mailing Address Steve Meyers PO Box 720		Amount of Each Disbursement this Period 24816.27
City Jaffrey State NH Zip Code 03452-	Purpose of Disbursement DIRECT MAILING PROGRAM NON FEA NO FEDE 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) ▼	DIRECT MAILING PROGRAM NON FEA NO FEDERAL CANDIDATE

Full Name (Last, First, Middle Initial) C. Simard Printing		Transaction ID: 60713.E8688 Date of Disbursement MM / DD / YYYY 06 / 19 / 2006
Mailing Address 300 Salem Street		Amount of Each Disbursement this Period 438.90
City Woburn State MA Zip Code 01801-	Purpose of Disbursement GENERAL PRINTING NON-FEA NO FEDERAL CA 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) ▼	GENERAL PRINTING NON-FEA NO FEDERAL CANDIDATE

SUBTOTAL of Disbursements This Page (optional) ▶	37058.17
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)

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

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

Full Name (Last, First, Middle Initial) A. Staples, Inc.		Transaction ID: 60713.E8667 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address Staples Credit Plan Dept. 80 - 0088936796		Amount of Each Disbursement this Period 232.34
City Des Moines	State IA	
Zip Code 50368-9020		OFFICE SUPPLIES
Purpose of Disbursement OFFICE SUPPLIES		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples, Inc.		Transaction ID: 60713.E8677 Date of Disbursement MM / DD / YYYY 06 / 15 / 2006
Mailing Address Staples Credit Plan Dept. 80 - 0088936796		Amount of Each Disbursement this Period 7062.52
City Des Moines	State IA	
Zip Code 50368-9020		OFFICE SUPPLIE
Purpose of Disbursement OFFICE SUPPLIE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Staples, Inc.		Transaction ID: 60713.E8696 Date of Disbursement MM / DD / YYYY 06 / 22 / 2006
Mailing Address Staples Credit Plan Dept. 80 - 0088936796		Amount of Each Disbursement this Period 1341.94
City Des Moines	State IA	
Zip Code 50368-9020		OFFICE SUPPLIES
Purpose of Disbursement OFFICE SUPPLIES		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	8636.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. T-Mobile T-Mobile		Transaction ID: 60713.E8668 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 790047		Amount of Each Disbursement this Period 2537.86
City Saint Louis State MO Zip Code 63179-	Purpose of Disbursement PHONE SERVICE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE SERVICE

Full Name (Last, First, Middle Initial) B. The Amaral Group		Transaction ID: 60713.E8669 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 201 Great Rd. Suite #2		Amount of Each Disbursement this Period 960.00
City Acton State MA Zip Code 01720-	Purpose of Disbursement NETWORK SUPPORT 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) ▼	NETWORK SUPPORT

Full Name (Last, First, Middle Initial) C. The Amaral Group		Transaction ID: 60713.E8689 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 201 Great Rd. Suite #2		Amount of Each Disbursement this Period 835.00
City Acton State MA Zip Code 01720-	Purpose of Disbursement NETWORK SUPPORT 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) ▼	NETWORK SUPPORT

SUBTOTAL of Disbursements This Page (optional) ▶	4332.86
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. The Amaral Group		Transaction ID: 60713.E8740 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 201 Great Rd. Suite #2		Amount of Each Disbursement this Period 880.00
City Acton State MA Zip Code 01720-	Purpose of Disbursement NETWORK SUPPORT Candidate Name <input type="text"/> 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) ▼	NETWORK SUPPORT

Full Name (Last, First, Middle Initial) B. USground USground		Transaction ID: 60713.E8671 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 130349		Amount of Each Disbursement this Period 415.08
City Boston State MA Zip Code 02113-	Purpose of Disbursement COURIER Candidate Name <input type="text"/> 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) ▼	COURIER

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 60713.E8672 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 1		Amount of Each Disbursement this Period 763.51
City Worcester State MA Zip Code 01654-	Purpose of Disbursement PHONE Candidate Name <input type="text"/> 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

SUBTOTAL of Disbursements This Page (optional) ▶	2058.59
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

Full Name (Last, First, Middle Initial) A. Verizon- Verizon Internet Ser		Transaction ID: 60713.E8673 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 101096		Amount of Each Disbursement this Period 767.62
City Atlanta State GA Zip Code 30392-	Purpose of Disbursement INTERNET SERVICE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERNET SERVICE

Full Name (Last, First, Middle Initial) B. Matthew Wylie		Transaction ID: 60713.E8715 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 169 Monsignor OBrien Highway #705		Amount of Each Disbursement this Period 645.68
City Cambridge State MA Zip Code 02141-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW 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: SEE BELOW

Full Name (Last, First, Middle Initial) C. C.A Cape Air		Transaction ID: 60713.E8717 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 660 Barnstable Rd.		Amount of Each Disbursement this Period 269.84
City Hyannis State MA Zip Code 02601-	Purpose of Disbursement M.WYLIES AIRLINE TICKET TO NANTUCKET 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) ▼	[MEMO ITEM] MEMO: M.WYLIES AIRLINE TICKET TO NANTUCKET

SUBTOTAL of Disbursements This Page (optional) ▶	1413.30
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)
Verizon Verizon Wireless

Mailing Address PO Box 5029

City Wallingford State CT Zip Code 06492-

Purpose of Disbursement
M. WYLIE REIMBURSEMENT FOR CELL PHONE CA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60713.E8716

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: M. WYLIE REIMBURSEMENT FOR CELL PHONE CALLS

B. Full Name (Last, First, Middle Initial)
Matthew Wylie

Mailing Address 169 Monsignor OBrien Highway #705

City Cambridge State MA Zip Code 02141-

Purpose of Disbursement
POLITICAL CONSULTING / ADVICE NON-FEA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 60719.E8768

Date of Disbursement

/ /

Amount of Each Disbursement this Period

POLITICAL CONSULTING / ADVICE NON-FEA

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Mass Republican State Committee		Transaction ID: 60626.E8633 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 85 Merrimac Street Suite 400		Amount of Each Disbursement this Period 5000.00
City Boston State MA Zip Code 02114-		
Purpose of Disbursement EXCESS CONTRIBUTION WILLIAM NUTT TO NO		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Mass Republican State Committee		Transaction ID: 60626.E8624 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 85 Merrimac Street Suite 400		Amount of Each Disbursement this Period 5000.00
City Boston State MA Zip Code 02114-		
Purpose of Disbursement TRANSFER JOHN KINGSTON EXCESS CONTRIB.		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Mass Republican State Committee		Transaction ID: 60626.E8634 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 85 Merrimac Street Suite 400		Amount of Each Disbursement this Period 5000.00
City Boston State MA Zip Code 02114-		
Purpose of Disbursement EXCESS CONTRIBUTION TRANSFER TO NON-FED		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Mass Republican State Committee		Transaction ID: 60626.E8623 Date of Disbursement
Mailing Address 85 Merrimac Street Suite 400		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Boston	State MA	Zip Code 02114-
Purpose of Disbursement TRANSFER JEAN KINGSTON EXCESS CONTRIB.		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Mass Republican State Committee		Transaction ID: 60713.E8635 Date of Disbursement
Mailing Address 85 Merrimac Street Suite 400		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Boston	State MA	Zip Code 02114-
Purpose of Disbursement TRANSFER CONTRIBUTION MISTAKENLY PUT TO		Amount of Each Disbursement this Period <input type="text" value="550.00"/>
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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) Brandon Barber		Transaction ID: 60619.E8546 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 106 Kendall Pond Rd.		Amount of Each Disbursement this Period 1022.44
City Windham State NH Zip Code 03087-	Purpose of Disbursement PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

B. Full Name (Last, First, Middle Initial) Brandon Barber		Transaction ID: 60619.E8588 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 106 Kendall Pond Rd.		Amount of Each Disbursement this Period 1022.44
City Windham State NH Zip Code 03087-	Purpose of Disbursement PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

C. Full Name (Last, First, Middle Initial) Brandon Barber		Transaction ID: 60713.E8636 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 106 Kendall Pond Rd.		Amount of Each Disbursement this Period 1022.44
City Windham State NH Zip Code 03087-	Purpose of Disbursement PAYROLL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	3067.32
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Paul Craney		Transaction ID: 60619.E8547 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 177 Cambridge Ave		Amount of Each Disbursement this Period 1080.10	
City Fair Haven State NJ Zip Code 07704-	Purpose of Disbursement PAYROLL	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:	PAYROLL		

B. Full Name (Last, First, Middle Initial) Paul Craney		Transaction ID: 60619.E8589 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 177 Cambridge Ave		Amount of Each Disbursement this Period 1080.10	
City Fair Haven State NJ Zip Code 07704-	Purpose of Disbursement PAYROLL	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:	PAYROLL		

C. Full Name (Last, First, Middle Initial) Paul Craney		Transaction ID: 60713.E8637 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 177 Cambridge Ave		Amount of Each Disbursement this Period 1080.10	
City Fair Haven State NJ Zip Code 07704-	Purpose of Disbursement PAYROLL	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:	PAYROLL		

SUBTOTAL of Disbursements This Page (optional) ▶	3240.30
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lyndsay Jones		Transaction ID: 60619.E8548 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 95 West Squantum St. #707		Amount of Each Disbursement this Period 969.61
City North Quincy State MA Zip Code 02171-	Category/ Type	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Lyndsay Jones		Transaction ID: 60619.E8590 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 95 West Squantum St. #707		Amount of Each Disbursement this Period 969.61
City North Quincy State MA Zip Code 02171-	Category/ Type	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Lyndsay Jones		Transaction ID: 60713.E8638 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 95 West Squantum St. #707		Amount of Each Disbursement this Period 969.61
City North Quincy State MA Zip Code 02171-	Category/ Type	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2908.83
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 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. Barney Keller Full Name (Last, First, Middle Initial) Mailing Address 187 Lewis Rd. City Belmont State MA Zip Code 02478-		Transaction ID: 60713.E8639 Date of Disbursement 06 / 29 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 336.67 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Samantha Levine Full Name (Last, First, Middle Initial) Mailing Address 15 Oak St. City Chestnut Hill State MA Zip Code 02467-		Transaction ID: 60619.E8549 Date of Disbursement 06 / 01 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 891.73 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Samantha Levine Full Name (Last, First, Middle Initial) Mailing Address 15 Oak St. City Chestnut Hill State MA Zip Code 02467-		Transaction ID: 60619.E8591 Date of Disbursement 06 / 15 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 891.73 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2120.13
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Samantha Levine		Transaction ID: 60713.E8640 Date of Disbursement 06 / 29 / 2006	
Mailing Address 15 Oak St.		Amount of Each Disbursement this Period 891.73	
City Chestnut Hill State MA Zip Code 02467-	Purpose of Disbursement PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) B. Jinara Reyes		Transaction ID: 60619.E8550 Date of Disbursement 06 / 01 / 2006	
Mailing Address 66 Greenleaf St. Apt. # 33		Amount of Each Disbursement this Period 1323.34	
City Quincy State MA Zip Code 02169-	Purpose of Disbursement PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) C. Jinara Reyes		Transaction ID: 60619.E8592 Date of Disbursement 06 / 15 / 2006	
Mailing Address 66 Greenleaf St. Apt. # 33		Amount of Each Disbursement this Period 1323.34	
City Quincy State MA Zip Code 02169-	Purpose of Disbursement PAYROLL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	3538.41
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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. Jinara Reyes Full Name (Last, First, Middle Initial) Mailing Address 66 Greenleaf St. Apt. # 33 City Quincy State MA Zip Code 02169-		Transaction ID: 60713.E8641 Date of Disbursement 06 / 29 / 2006
Purpose of Disbursement PAYROLL Candidate Name		Amount of Each Disbursement this Period 1323.34
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. Ruth Rice Full Name (Last, First, Middle Initial) Mailing Address 44 Church St. City North Andover State MA Zip Code 01845-		Transaction ID: 60619.E8551 Date of Disbursement 06 / 01 / 2006
Purpose of Disbursement PAYROLL Candidate Name		Amount of Each Disbursement this Period 912.81
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. Ruth Rice Full Name (Last, First, Middle Initial) Mailing Address 44 Church St. City North Andover State MA Zip Code 01845-		Transaction ID: 60619.E8593 Date of Disbursement 06 / 15 / 2006
Purpose of Disbursement PAYROLL Candidate Name		Amount of Each Disbursement this Period 912.81
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) ▶	3148.96
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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. Ruth Rice Full Name (Last, First, Middle Initial) Mailing Address 44 Church St. City North Andover State MA Zip Code 01845-		Transaction ID: 60713.E8642 Date of Disbursement 06 / 29 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Amount of Each Disbursement this Period 912.81 PAYROLL

B. Steven Roche Full Name (Last, First, Middle Initial) Mailing Address 70 Hope Ave. Apt 302 City Waltham State MA Zip Code 02453-		Transaction ID: 60619.E8552 Date of Disbursement 06 / 01 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Amount of Each Disbursement this Period 2735.46 PAYROLL

C. Steven Roche Full Name (Last, First, Middle Initial) Mailing Address 70 Hope Ave. Apt 302 City Waltham State MA Zip Code 02453-		Transaction ID: 60619.E8594 Date of Disbursement 06 / 15 / 2006
Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Amount of Each Disbursement this Period 2735.46 PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	6383.73
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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. Steven Roche Full Name (Last, First, Middle Initial) Mailing Address 70 Hope Ave. Apt 302 City Waltham State MA Zip Code 02453- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60713.E8643 Date of Disbursement 06 / 29 / 2006 Amount of Each Disbursement this Period 2735.46 Category/Type PAYROLL
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B. Mark Rowe Full Name (Last, First, Middle Initial) Mailing Address 216 W. Plain St. City Wayland State MA Zip Code 01778- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60619.E8553 Date of Disbursement 06 / 01 / 2006 Amount of Each Disbursement this Period 1206.39 Category/Type PAYROLL
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C. Mark Rowe Full Name (Last, First, Middle Initial) Mailing Address 216 W. Plain St. City Wayland State MA Zip Code 01778- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60619.E8595 Date of Disbursement 06 / 15 / 2006 Amount of Each Disbursement this Period 1206.39 Category/Type PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	5148.24
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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. Mark Rowe Full Name (Last, First, Middle Initial) Mailing Address 216 W. Plain St. City Wayland State MA Zip Code 01778- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60713.E8644 Date of Disbursement 06 / 29 / 2006 Amount of Each Disbursement this Period 1206.39 Category/Type PAYROLL
--	--	--

B. Priscilla Ruzzo Full Name (Last, First, Middle Initial) Mailing Address 85 Overlook Road City Boston State MA Zip Code 02132- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60619.E8554 Date of Disbursement 06 / 01 / 2006 Amount of Each Disbursement this Period 1595.15 Category/Type PAYROLL
---	--	--

C. Priscilla Ruzzo Full Name (Last, First, Middle Initial) Mailing Address 85 Overlook Road City Boston State MA Zip Code 02132- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60619.E8596 Date of Disbursement 06 / 15 / 2006 Amount of Each Disbursement this Period 1595.15 Category/Type PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	4396.69
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) Priscilla Ruzzo		Transaction ID: 60713.E8645 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 85 Overlook Road		Amount of Each Disbursement this Period 1595.15
City Boston State MA Zip Code 02132-	PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Ensieh Sarrami		Transaction ID: 60619.E8555 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 9214 Inglewood Dr.		Amount of Each Disbursement this Period 967.03
City Potomac State MD Zip Code 20854-	PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Ensieh Sarrami		Transaction ID: 60619.E8597 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 9214 Inglewood Dr.		Amount of Each Disbursement this Period 967.03
City Potomac State MD Zip Code 20854-	PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3529.21
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ensieh Sarrami		Transaction ID: 60713.E8646 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 9214 Inglewood Dr.		Amount of Each Disbursement this Period 967.03
City Potomac State MD Zip Code 20854-	PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert Willington		Transaction ID: 60619.E8556 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 12 Arlington Street		Amount of Each Disbursement this Period 1231.44
City Reading State MA Zip Code 01867-	PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Robert Willington		Transaction ID: 60619.E8598 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 12 Arlington Street		Amount of Each Disbursement this Period 1231.44
City Reading State MA Zip Code 01867-	PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3429.91
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Robert Willington		Transaction ID: 60713.E8647 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 12 Arlington Street		Amount of Each Disbursement this Period 1231.44
City Reading State MA Zip Code 01867-	Category/ Type PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Matthew Wylie		Transaction ID: 60619.E8557 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 169 Monsignor OBrien Highway #705		Amount of Each Disbursement this Period 3202.19
City Cambridge State MA Zip Code 02141-	Category/ Type PAYROLL	
Purpose of Disbursement PAYROLL		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

4433.63

TOTAL This Period (last page this line number only)

45345.36

Image# 26950355846

Form/Schedule: **F3XN**

Transaction ID: **C00042622**

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED ANY FEDERAL CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY IS REQUIRED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided. NOTE: Excess contributions from T. Roberts and N. Dalton were transferred in July and will be reflected in our next report.
