

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 Boston MA 02114 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 01 2007 through 11 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 01 31 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		11950.00
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	1860.04									
(c) Total Receipts (from Line 19) .....	53193.00	541093.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55053.04	553043.36								
7. Total Disbursements (from Line 31) .....	44131.83	542122.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	10921.21	10921.21								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	40150.00	386650.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3043.00	108627.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	43193.00	495277.17
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	39351.73
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	53193.00	534628.90
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	4214.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	2250.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	53193.00	541093.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	53193.00	541093.36

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	33881.72	349279.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	33881.72	349279.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	35746.73
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	13958.08
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 .....	10250.11	143137.63
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	10250.11	143137.63
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44131.83	542122.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44131.83	542122.15

**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 .....	53193.00	534628.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53193.00	534628.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33881.72	349279.71
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	4214.24
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33881.72	345065.47

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 32  
(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

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

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

**A.**

Full Name (Last, First, Middle Initial) Abbott Laboratories PAC		Date of Receipt MM / DD / YYYY 11 / 19 / 2007
Mailing Address Maria Cahill 100 Abbott Park Road		<b>Transaction ID:</b> 71210.C166556
City North Chicago	State IL	Zip Code 60064
FEC ID number of contributing federal political committee. <b>C</b> C00040279		Amount of Each Receipt this Period 5000.00
Name of Employer PAC	Occupation FEC ID: C00040279	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) General Electric PAC		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
Mailing Address 1000 Western Avenue Bldg. 1-74AD		<b>Transaction ID:</b> 71210.C166579
City Lynn	State MA	Zip Code 01910
FEC ID number of contributing federal political committee. <b>C</b> C00024869		Amount of Each Receipt this Period 5000.00
Name of Employer PAC	Occupation FEC ID: C00024869	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10000.00

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

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

FOR LINE NUMBER: PAGE 7 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Otto Anderson</p> <p>Mailing Address 43 Fernwood Avenue</p> <p>City State Zip Code Bradford MA 01835</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 1 5 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> 71115.C166533</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Richard Anderson</p> <p>Mailing Address 10 Flanders Rd.</p> <p>City State Zip Code Westborough MA 01581</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Plumbing House Inc      Occupation Contractor</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 9 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> 71210.C166605</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Martin Begien</p> <p>Mailing Address 407 Warren Street</p> <p>City State Zip Code Brookline MA 02445</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">3500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 9 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> 71210.C166603</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Receipt</p>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1600.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol Breuer		Date of Receipt
	Mailing Address 9 Plymouth Road		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Winchester	MA	01890
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 71210.C166572
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="4000.00"/>
		<input type="text" value="4000.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Buonopane		Date of Receipt
	Mailing Address 262 Lincoln Rd		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Lincoln	MA	01773
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 71115.C166532
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>
		<input type="text" value="200.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) James Desmarais		Date of Receipt
	Mailing Address 148 Lakeshore Dr.		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Dracut	MA	01826
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 71115.C166527
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4450.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 9 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Wolfgang Falcone

Mailing Address 80 Hancock Ave.

City State Zip Code  
Brockton MA 02301

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

Name of Employer Retired      Occupation Retired

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

Date of Receipt  

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

**Transaction ID:** 71113.C166514

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Antonio Frias

Mailing Address 20 Cedar Street

City State Zip Code  
Hudson MA 01749-1745

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

Name of Employer S & F Concrete      Occupation Owner/CEO

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

Date of Receipt  

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

**Transaction ID:** 71210.C166565

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 181 Pine Ridge Rd.

City State Zip Code  
Newton MA 02468

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

Name of Employer Retired      Occupation Retired

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

Date of Receipt  

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

**Transaction ID:** 71210.C166552

Amount of Each Receipt this Period  
200.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Horvitz	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 65 West Street P.O. Box 5630-0512	<b>Transaction ID:</b> 71210.C166545
	City Beverly State MA Zip Code 01915-0512	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Self Employed Occupation investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Knott	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 456 Hill Street	<b>Transaction ID:</b> 71113.C166524
	City Whitinsville State MA Zip Code 01588	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt
	Name of Employer Riverdale Mills Corporation Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Francis Lehar	Date of Receipt MM / DD / YYYY 11 / 15 / 2007
	Mailing Address 11 Norwood Avenue	<b>Transaction ID:</b> 71115.C166538
	City Manchester State MA Zip Code 01944	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>15100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 11 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Donald Lukens

Mailing Address 84 Eldredge St.  
Apt. 1

City State Zip Code  
Newton MA 02458

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 09 / 2007  
Transaction ID: 71113.C166521  
Amount of Each Receipt this Period 200.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Paul Noble

Mailing Address 110 Black Rock Drive

City State Zip Code  
Hingham MA 02043

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

Name of Employer emc corp. Occupation executive consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 19 / 2007  
Transaction ID: 71210.C166553  
Amount of Each Receipt this Period 2500.00  
Receipt

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

Mailing Address 72 Old Pasture Road

City State Zip Code  
Cohasset MA 02025

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

Name of Employer State Street Development Manag Occupation Real Estate Development Manage

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2007  
Transaction ID: 71210.C166547  
Amount of Each Receipt this Period 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3700.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 32  
(check only one)

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

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

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

**A.**

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

Mailing Address PO Box 920390

City State Zip Code  
Needham MA 02492-0005

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

Name of Employer Occupation  
IntrinsiQ, Inc Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
11 / 15 / 2007

Transaction ID: 71115.C166536

Amount of Each Receipt this Period  
100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
John Pearson

Mailing Address 62 Fairmount Street

City State Zip Code  
Lowell MA 01852

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

Name of Employer Occupation  
Pearson & Pearson/ Butler Bank Attorney/ Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2007

Transaction ID: 71210.C166546

Amount of Each Receipt this Period  
1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Frank Pedlow

Mailing Address 23 Ridgeway Lane

City State Zip Code  
Boston MA 02114

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 26 / 2007

Transaction ID: 71210.C166573

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32  
(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Potaski		Date of Receipt MM / DD / YYYY 11 / 26 / 2007		
	Mailing Address 24B Church Street		<b>Transaction ID:</b> 71210.C166584		
	City Linwood	State MA	Zip Code 01525	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date 2550.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Jacques Prindiville		Date of Receipt MM / DD / YYYY 11 / 28 / 2007		
	Mailing Address 1550 Worcester Rd, Rt. 9 Chapel Hill West Unit 508		<b>Transaction ID:</b> 71210.C166594		
	City Framingham	State MA	Zip Code 01702-8931	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date 1050.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Robbins		Date of Receipt MM / DD / YYYY 11 / 13 / 2007		
	Mailing Address 105 Colchester St. 2008 KC MEMBER!!!		<b>Transaction ID:</b> 71113.C166523		
	City Brookline	State MA	Zip Code 02446	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Advest Company	Occupation Investments	Aggregate Year-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Schaefer	Date of Receipt MM / DD / YYYY 11 / 29 / 2007
	Mailing Address PO Box 71	<b>Transaction ID:</b> 71210.C166606
	City State Zip Code Easthampton MA 01027	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation The October Company Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Sears	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 7 Acorn St.	<b>Transaction ID:</b> 71210.C166591
	City State Zip Code Boston MA 02108	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Shields	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 122 Hart Street	<b>Transaction ID:</b> 71210.C166571
	City State Zip Code Beverly MA 01915	Amount of Each Receipt this Period 3500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Self Employed Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 32  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Derek Smith

Mailing Address 2 Bridal Path Lane

City State Zip Code  
Beverly MA 01915

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

Name of Employer Occupation  
Castel, Inc CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

Transaction ID: 71113.C166516

Amount of Each Receipt this Period  
1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Arthur Turner

Mailing Address PO Box 543

City State Zip Code  
Carlisle MA 01741

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 ▼ 700.00

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

Transaction ID: 71115.C166534

Amount of Each Receipt this Period  
100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Raymond Tye

Mailing Address 175 Campanelli Drive

City State Zip Code  
Braintree MA 02184

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

Name of Employer Occupation  
United Liquors, Ltd. Chairman of the Board of Direc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 9500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 6 / 2 0 0 7

Transaction ID: 71210.C166580

Amount of Each Receipt this Period  
5000.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 7

Transaction ID: 71210.C166554

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Katherine Winter

Mailing Address 10 Marlborough St.

City State Zip Code  
Boston MA 02116

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

Name of Employer Self Employed Occupation Homemaker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

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

Transaction ID: 71115.C166529

Amount of Each Receipt this Period  
100.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	40150.00

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

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

FOR LINE NUMBER: (check only one)

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

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) Boy Genius- Boy Genius Inc.	Transaction ID: 71210.E10023 Date of Disbursement 11 / 19 / 2007
	Mailing Address PO Box 61	
	City Pascoag State RI Zip Code 02859-	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Web Hosting 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:	WEB HOSTING

B.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 71210.E10034 Date of Disbursement 11 / 19 / 2007
	Mailing Address 39 Old Colony Ave.	
	City Boston State MA Zip Code 02127-	Amount of Each Disbursement this Period 678.00
	Purpose of Disbursement Storage 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:	STORAGE

C.	Full Name (Last, First, Middle Initial) Hui Jojo Deng	Transaction ID: 71210.E10015 Date of Disbursement 11 / 13 / 2007
	Mailing Address 117 Beaconsfield Road	
	City Brookline State MA Zip Code 02445-	Amount of Each Disbursement this Period 693.00
	Purpose of Disbursement Accounting Services 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:	ACCOUNTING SERVICES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1771.00
<b>TOTAL</b> 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Datamarks Direct Marketing <hr/> Mailing Address 37B Averill Street PO Box 68 <hr/> City State Zip Code Topsfield MA 01983- <hr/> Purpose of Disbursement Postage <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 71210.E10021 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
		Amount of Each Disbursement this Period 2000.00	
		POSTAGE	
<b>B.</b>	Full Name (Last, First, Middle Initial) DirecTV DirecTV <hr/> Mailing Address PO Box 60036 <hr/> City State Zip Code Los Angeles CA 90060-0036 <hr/> Purpose of Disbursement Cable <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 71210.E10024 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
		Amount of Each Disbursement this Period 129.25	
		CABLE	
<b>C.</b>	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex) <hr/> Mailing Address PO Box 371461 <hr/> City State Zip Code Pittsburgh PA 15250- <hr/> Purpose of Disbursement Express Mail <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 71210.E10025 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
		Amount of Each Disbursement this Period 141.72	
		EXPRESS MAIL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2270.97
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 32

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

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

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

A.	Full Name (Last, First, Middle Initial) Fleet Bank	Transaction ID: 71210.E10006 Date of Disbursement 11 / 01 / 2007
	Mailing Address 100 Federal Street	Amount of Each Disbursement this Period 25.00
	City Boston State MA Zip Code 02110-	
	Purpose of Disbursement Bank Service Charge	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) ▼
		BANK SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) Guardian Guardian	Transaction ID: 71113.E9983 Date of Disbursement 11 / 01 / 2007
	Mailing Address Boston Group Office 1 Liberty Square	Amount of Each Disbursement this Period 408.56
	City Boston State MA Zip Code 02109-	
	Purpose of Disbursement Insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		INSURANCE

C.	Full Name (Last, First, Middle Initial) Bruce Harrison	Transaction ID: 71210.E10018 Date of Disbursement 11 / 13 / 2007
	Mailing Address 101 Elm St	Amount of Each Disbursement this Period 36.18
	City Wakefield State MA Zip Code 01880-	
	Purpose of Disbursement 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) ▼
		REIMBURSEMENT FOR PARKING

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

469.74

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)

PAGE 20 / 32

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

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

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

A.	Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal	Transaction ID: 71210.E10017 Date of Disbursement 11 / 13 / 2007
	Mailing Address 1200 Crown Colony Dr.	Amount of Each Disbursement this Period 1411.42
	City Quincy State MA Zip Code 02169-	
	Purpose of Disbursement Health Insurance Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		HEALTH INSURANCE

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 71210.E10022 Date of Disbursement 11 / 19 / 2007
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 331.40
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Reimbursement for Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR TRAVEL

C.	Full Name (Last, First, Middle Initial) Lexis-Nexis	Transaction ID: 71210.E10000 Date of Disbursement 11 / 01 / 2007
	Mailing Address PO Box 7247-7090	Amount of Each Disbursement this Period 1000.00
	City Philadelphia State PA Zip Code 19170-	
	Purpose of Disbursement Research 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) ▼
		RESEARCH

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

2742.82

**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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</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><b>Transaction ID:</b> 71210.E10005</p> <p>Date of Disbursement 11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>CREDIT CARD FEE</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Creditr Card Fee</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><b>Transaction ID:</b> 71210.E10004</p> <p>Date of Disbursement 11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 75.04</p> <p><b>CREDITR CARD FEE</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Konica Minolta Business Systems</p> <p>Mailing Address P.O. Box 7247-0322</p> <p>City Philadelphia State PA Zip Code 19170-0322</p> <p>Purpose of Disbursement Copier Rental</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><b>Transaction ID:</b> 71210.E10016</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 778.25</p> <p><b>COPIER RENTAL</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>878.29</b></p>
<p><b>TOTAL</b> 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

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) Communication Inc OBrien Mailing Address PO Box 659 City Wrentham State MA Zip Code 02093- Purpose of Disbursement Phone System 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: 71210.E10027 Date of Disbursement 11 / 19 / 2007	Amount of Each Disbursement this Period 335.00 PHONE SYSTEM
B.	Full Name (Last, First, Middle Initial) Omni Parker House Mailing Address 60 School Street City Boston State MA Zip Code 02108- Purpose of Disbursement Event-Room Rental 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: 71210.E10031 Date of Disbursement 11 / 19 / 2007	Amount of Each Disbursement this Period 1922.76 EVENT-ROOM RENTAL
C.	Full Name (Last, First, Middle Initial) Ox-Eye Properties Mailing Address c/o Massey & Co. 85 Merrimac Street City Boston State MA Zip Code 02114- Purpose of Disbursement Utility 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: 71210.E10014 Date of Disbursement 11 / 13 / 2007	Amount of Each Disbursement this Period 879.23 UTILITY

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

3136.99

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)

PAGE 23 / 32

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

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

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

A.	Full Name (Last, First, Middle Initial) Ox-Eye Properties	Transaction ID: 71210.E10013 Date of Disbursement 11 / 13 / 2007
	Mailing Address c/o Massey & Co. 85 Merrimac Street	Amount of Each Disbursement this Period 3695.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement Rent	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) ▼	RENT
	State: District:	

B.	Full Name (Last, First, Middle Initial) Ox-Eye Properties	Transaction ID: 71210.E10043 Date of Disbursement 11 / 19 / 2007
	Mailing Address c/o Massey & Co. 85 Merrimac Street	Amount of Each Disbursement this Period 4351.51
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement Rent and Utility	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) ▼	RENT AND UTILITY
	State: District:	

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 71113.E9989 Date of Disbursement 11 / 01 / 2007
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 1384.09
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll-Taxes	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) ▼	PAYROLL-TAXES
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	9430.60
<b>TOTAL</b> 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 24 / 32

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

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

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

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 71113.E9990 Date of Disbursement 11 / 12 / 2007
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 194.39
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll Service Charge	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) ▼
		PAYROLL SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 71210.E9999 Date of Disbursement 11 / 16 / 2007
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 961.54
	City Boston State MA Zip Code 02266-	
	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) ▼
		PAYROLL- 401 K

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 71210.E9998 Date of Disbursement 11 / 16 / 2007
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 1815.82
	City Boston State MA Zip Code 02266-	
	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) ▼
		PAYROLL -TAXES

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

2971.75

**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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Servic-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) ▼	Transaction ID: 71210.E9997 Date of Disbursement 11 / 16 / 2007 Amount of Each Disbursement this Period 269.00 PAYROLL SERVIC-401 K	
<b>B.</b>	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- 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) ▼	Transaction ID: 71210.E10040 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 961.54 PAYROLL-401 K	
<b>C.</b>	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- 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) ▼	Transaction ID: 71210.E10039 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 1815.82 PAYROLL -TAXES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3046.36
<b>TOTAL</b> 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

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) Poland Spring Poland Spring	Transaction ID: 71210.E10020 Date of Disbursement 11 / 19 / 2007
	Mailing Address Processing Center PO Box 52271	Amount of Each Disbursement this Period 38.63
	City Phoenix State AZ Zip Code 85072-	
	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) ▼
		BOTTLE WATER

B.	Full Name (Last, First, Middle Initial) Jodys Quik Print	Transaction ID: 71210.E10026 Date of Disbursement 11 / 19 / 2007
	Mailing Address P.O. Box 1068	Amount of Each Disbursement this Period 690.60
	City Middleton State MA Zip Code 01949-	
	Purpose of Disbursement Printing	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) ▼
		PRINTING

C.	Full Name (Last, First, Middle Initial) Hudson Portuguese CI Riverview	Transaction ID: 71210.E10032 Date of Disbursement 11 / 19 / 2007
	Mailing Address 13 Port St.	Amount of Each Disbursement this Period 500.00
	City Hudson State MA Zip Code 01749-	
	Purpose of Disbursement Event -Deposit	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) ▼
		EVENT -DEPOSIT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1229.23
<b>TOTAL</b> 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) SCM Associates  Mailing Address Steve Meyers PO Box 720  City Jaffrey State NH Zip Code 03452-  Purpose of Disbursement Direct Mail and Telemarketing Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 71210.E10033 Date of Disbursement <input type="text"/> 1 1 / <input type="text"/> 1 9 / <input type="text"/> 2 0 0 7  Amount of Each Disbursement this Period <input type="text"/> 1940.22  DIRECT MAIL AND TELEMARKE- TING
<b>B.</b>	Full Name (Last, First, Middle Initial) Staples, Inc.  Mailing Address Staples Credit Plan Dept. 80 - 0088936796  City Des Moines State IA Zip Code 50368-9020  Purpose of Disbursement Office Supplies Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 71210.E10029 Date of Disbursement <input type="text"/> 1 1 / <input type="text"/> 1 9 / <input type="text"/> 2 0 0 7  Amount of Each Disbursement this Period <input type="text"/> 735.02  OFFICE SUPPLIES
<b>C.</b>	Full Name (Last, First, Middle Initial) T-Moblle T-Mobile  Mailing Address PO Box 790047  City Saint Louis State MO Zip Code 63179-  Purpose of Disbursement Phone Services Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 71210.E10012 Date of Disbursement <input type="text"/> 1 1 / <input type="text"/> 1 3 / <input type="text"/> 2 0 0 7  Amount of Each Disbursement this Period <input type="text"/> 1607.79  PHONE SERVICES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text"/> 4283.03
<b>TOTAL</b> 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address P.O. Box 1  City Worcester State MA Zip Code 01654-  Purpose of Disbursement Phone 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:	<b>Transaction ID:</b> 71210.E10010 <b>Date of Disbursement</b> 11 / 13 / 2007  Amount of Each Disbursement this Period 413.54  PHONE	
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address P.O. Box 1  City Worcester State MA Zip Code 01654-  Purpose of Disbursement Phone 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:	<b>Transaction ID:</b> 71210.E10011 <b>Date of Disbursement</b> 11 / 19 / 2007  Amount of Each Disbursement this Period 408.07  PHONE	
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon- Verizon Internet Ser  Mailing Address PO Box 101096  City Atlanta State GA Zip Code 30392-  Purpose of Disbursement Internet Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 71210.E10009 <b>Date of Disbursement</b> 11 / 13 / 2007  Amount of Each Disbursement this Period 767.62  INTERNET SERVICE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1589.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>33820.01</b>

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bruce Harrison</p> <p>Mailing Address 101 Elm St</p> <p>City Wakefield State MA Zip Code 01880-</p> <p>Purpose of Disbursement Payroll-Administration Service</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><b>Transaction ID:</b> 71210.E10019 <b>Date of Disbursement</b> 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>PAYROLL-ADMINISTRATION SERVICE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones</p> <p>Mailing Address 16 Oval Road</p> <p>City Quincy State MA Zip Code 02170-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71113.E9987 <b>Date of Disbursement</b> 11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 1232.51</p> <p>PAYROLL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones</p> <p>Mailing Address 16 Oval Road</p> <p>City Quincy State MA Zip Code 02170-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71210.E10001 <b>Date of Disbursement</b> 11 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 1232.51</p> <p>PAYROLL</p>

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

3465.02

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Lyndsay Jones <hr/> Mailing Address 16 Oval Road <hr/> City Quincy State MA Zip Code 02170- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71210.E10035 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
	Amount of Each Disbursement this Period 1232.51
	Category/ Type PAYROLL
	Full Name (Last, First, Middle Initial) Peter Torkildsen <hr/> Mailing Address 1 Stony Brook Road <hr/> City Chelmsford State MA Zip Code 01863- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 676.92	
Category/ Type PAYROLL	
<b>C.</b> Full Name (Last, First, Middle Initial) Peter Torkildsen <hr/> Mailing Address 1 Stony Brook Road <hr/> City Chelmsford State MA Zip Code 01863- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71210.E10036 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Amount of Each Disbursement this Period 676.92	
Category/ Type PAYROLL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2586.35
<b>TOTAL</b> 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 31 / 32

<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) Robert Willington	Transaction ID: 71113.E9988 Date of Disbursement 11 / 01 / 2007
	Mailing Address 12 Arlington Street	Amount of Each Disbursement this Period 1399.58
	City Reading State MA Zip Code 01867-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Robert Willington	Transaction ID: 71210.E10003 Date of Disbursement 11 / 16 / 2007
	Mailing Address 12 Arlington Street	Amount of Each Disbursement this Period 1399.58
	City Reading State MA Zip Code 01867-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Robert Willington	Transaction ID: 71210.E10038 Date of Disbursement 11 / 29 / 2007
	Mailing Address 12 Arlington Street	Amount of Each Disbursement this Period 1399.58
	City Reading State MA Zip Code 01867-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4198.74
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10250.11

Image# 28930287786

Form/Schedule: **F3XA**  
Transaction ID:

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy.

\*\*\*\*\*