

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 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 01 2007 through 04 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 06 11 2009

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 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| 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 | | 9164.06 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 22816.53 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 51648.00 | 252214.37 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 74464.53 | 261378.43 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 57109.52 | 244023.42 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 17355.01 | 17355.01 | | | | | | | | |
| 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) | 70053.13 | | | | | | | | | |

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 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| 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 | 37650.00 | 172220.00 |
| (i) Itemized (use Schedule A) | 12998.00 | 74512.17 |
| (ii) Unitemized | 50648.00 | 246732.17 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 1000.00 | 1550.00 |
| (c) Other Political Committees (such as PACs) | 51648.00 | 248282.17 |
| (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 | 2168.98 |
| 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 | 1763.22 |
| 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)) | 51648.00 | 252214.37 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 51648.00 | 252214.37 |

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..... | 41567.66 | 169266.75 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 41567.66 | 169266.75 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 10000.00 |
| 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 | 15541.86 | 64756.67 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 15541.86 | 64756.67 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 57109.52 | 244023.42 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 57109.52 | 244023.42 |

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) | 51648.00 | 248282.17 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 51648.00 | 248282.17 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 41567.66 | 169266.75 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 2168.98 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 41567.66 | 167097.77 |

Form/Schedule : **F3XA**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY WAS REPORTED 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 in order to meet best efforts policy.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

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

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)
Knut Aarsheim

Mailing Address 305 Delano Rd

City Marion State MA Zip Code 02738

FEC ID number of contributing federal political committee. C

Name of Employer Act I, Inc. Occupation Fisherman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 17 / 2007

Transaction ID: 70419.C165131

Amount of Each Receipt this Period 100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Rafik Attia

Mailing Address 11 Fuller Pond Road

City Middleton State MA Zip Code 01949

FEC ID number of contributing federal political committee. C

Name of Employer Union Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 04 / 05 / 2007

Transaction ID: 70409.C165056

Amount of Each Receipt this Period 200.00

Receipt

C.

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

Mailing Address 360 Indian Harbor Rd.
DO NOT MAIL

City Vero Beach State FL Zip Code 32963

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2007

Transaction ID: 70427.C165347

Amount of Each Receipt this Period 500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <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)
James Barker

Mailing Address 10 Naomi Drive

City State Zip Code
Gloucester MA 01930-1929

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

Name of Employer Self Employed Occupation investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2007

Transaction ID: 70409.C165003

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Joseph Bassett

Mailing Address 158 Lowell St. #4

City State Zip Code
Peabody MA 01960

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

Name of Employer First Church of Chestnut Hill Occupation Minister

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2007

Transaction ID: 70419.C165094

Amount of Each Receipt this Period
200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Stephen Binder

Mailing Address PO Box 286

City State Zip Code
Lincoln MA 01773

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

Name of Employer Fidelity Investments Occupation Investment Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2007

Transaction ID: 70419.C165159

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5400.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Brockelman
Mailing Address 127 Highland St.
City: Holden State: MA Zip Code: 01520
FEC ID number of contributing federal political committee: C
Name of Employer: Bowditch & Dewey Occupation: Attorney
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 / 10 / 2007
Transaction ID: 70419.C165076
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
David Brown
Mailing Address PO BOX 672
City: Hyannis Port State: MA Zip Code: 02647
FEC ID number of contributing federal political committee: C
Name of Employer: Brown & Tarantino Occupation: Attorney
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 / 05 / 2007
Transaction ID: 70409.C165057
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Christopher Collins
Mailing Address 72 Harbor Street
City: Manchester State: MA Zip Code: 01944
FEC ID number of contributing federal political committee: C
Name of Employer: Collins & Company, LLC Occupation: real estate
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 04 / 03 / 2007
Transaction ID: 70409.C164980
Amount of Each Receipt this Period: 5000.00
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)
for each category of the
Detailed Summary Page

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

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

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NAME OF COMMITTEE (In Full)
Massachusetts Republican 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 ▼ 15000.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2007

Transaction ID: 70419.C165075

Amount of Each Receipt this Period
15000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Wesley Eaton

Mailing Address 304 Brooksby Village Drive
Unit 308

City State Zip Code
Peabody MA 01960

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 ▼ 3500.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2007

Transaction ID: 70427.C165296

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Joseph Flynn

Mailing Address 130 BOWDOIN ST., APT. 1806

City State Zip Code
Boston MA 02108

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 ▼ 200.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2007

Transaction ID: 70419.C165093

Amount of Each Receipt this Period
100.00

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)
for each category of the
Detailed Summary Page

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

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

A. Full Name (Last, First, Middle Initial)
Richard Hardy

Mailing Address 41 McGregory Rd.

City State Zip Code
Sturbridge MA 01566

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

Name of Employer Occupation
Hyde Manufacturing CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2007

Transaction ID: 70419.C165079

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jeanne Kangas

Mailing Address 959 Hill Rd

City State Zip Code
Boxborough MA 01719

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

Name of Employer Occupation
Arnold & Kangas, P.C. Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2007

Transaction ID: 70409.C164979

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
George Kariotis

Mailing Address 8 Poets Path

City State Zip Code
Wayland MA 01778

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2007

Transaction ID: 70419.C165193

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **3250.00**

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 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address P.O. Box 235

City State Zip Code
Prides Crossing MA 01965

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 24 / 2007
Transaction ID: 70427.C165238
Amount of Each Receipt this Period: 250.00
Receipt

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

Mailing Address 1213 Heatherwood

City State Zip Code
YarmouthPort MA 02675

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 ▼ 500.00

Date of Receipt: 04 / 24 / 2007
Transaction ID: 70427.C165294
Amount of Each Receipt this Period: 500.00
Receipt

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

Mailing Address 44 Ryefield Road

City State Zip Code
Fitchburg MA 01420

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: 04 / 19 / 2007
Transaction ID: 70419.C165195
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 850.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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

A. Full Name (Last, First, Middle Initial)
Lovett Peters

Mailing Address 81 Old Orchard Rd.

City State Zip Code
Newton MA 02467

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

Name of Employer Occupation
Pioneer Institute Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2007

Transaction ID: 70427.C165297

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 91 Longmeadow Rd.

City State Zip Code
Milton MA 02186

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

Name of Employer Occupation
Shaughnessy and Ahern Businessman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 24 / 2007

Transaction ID: 70427.C165237

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Campbell Steward

Mailing Address 65 Asbury St.

City State Zip Code
Topsfield MA 01983

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2007

Transaction ID: 70419.C165160

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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

A. Full Name (Last, First, Middle Initial)
Sandra Stotsky

Mailing Address 246 Clark Road

City State Zip Code
Brookline MA 02445

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

Name of Employer Self Employed Occupation
Self Employed Consultant in Education

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 7

Transaction ID: 70419.C165092

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Gerard Townsend

Mailing Address 34 Proctor St.

City State Zip Code
Manchester MA 01944

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

Name of Employer Self Employed Occupation
Self Employed Investment Manager/Trustee

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 4 / 0 5 / 2 0 0 7

Transaction ID: 70409.C165054

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Polly Townsend

Mailing Address 34 Proctor St

City State Zip Code
Manchester MA 01944

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

Name of Employer Retired 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
0 4 / 0 5 / 2 0 0 7

Transaction ID: 70409.C165055

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican 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 | Occupation |
| Retired | Retired |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 4 | | 2 | 0 | 0 | 7 |

Transaction ID: 70427.C165295

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

37650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 40
(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)
Romney for President, Inc

Mailing Address PO Box 55239

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Boston | MA | 02205 |

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

| | |
|---|-------------------------------------|
| Name of Employer | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 |

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 7

Transaction ID: 70409.C165070

Amount of Each Receipt this Period
1000.00

Receipt

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 1000.00 |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) SCM Associates | Transaction ID: 70427.E9715 Date of Disbursement 04 / 12 / 2007 |
| | Mailing Address Steve Meyers 1283 Main Street | Amount of Each Disbursement this Period 5665.04 |
| | City Dublin State NH Zip Code 03444- | |
| | Purpose of Disbursement Payment of debt for direct mail - party related non FEA | PAYMENT OF DEBT FOR DIRECT MAIL - PARTY RELATED 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) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) SCM Associates | Transaction ID: 70514.E9738 Date of Disbursement 04 / 26 / 2007 |
| | Mailing Address Steve Meyers 1283 Main Street | Amount of Each Disbursement this Period 6209.42 |
| | City Dublin State NH Zip Code 03444- | |
| | Purpose of Disbursement Deirect Mail and Telemarketing | DEIRECT MAIL AND TELEMARKETING |
| | 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) A.I.M. Mutual Insurance Co. | Transaction ID: 70427.E9707 Date of Disbursement 04 / 09 / 2007 |
| | Mailing Address 54 Third St. | Amount of Each Disbursement this Period 2045.00 |
| | City Burlington State MA Zip Code 01803- | |
| | Purpose of Disbursement Workers Comp Insurance | WORKERS COMP INSURANCE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 13919.46 |
| 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)

PAGE 18 / 40

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. Full Name (Last, First, Middle Initial) Insurance Barrows</p> <p>Mailing Address 215 North Main St.</p> <p>City Mansfield State MA Zip Code 02048-</p> <p>Purpose of Disbursement Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 70427.E9710</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1723.28"/></p> <p>INSURANCE</p> |
| <p>B. Full Name (Last, First, Middle Initial) Css Castle Self-Storage</p> <p>Mailing Address 39 Old Colony Ave.</p> <p>City Boston State MA Zip Code 02127-</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 70427.E9712</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="329.00"/></p> <p>STORAGE</p> |
| <p>C. Full Name (Last, First, Middle Initial) Crowne Plaza Natick</p> <p>Mailing Address 1360 Worcester Rd.</p> <p>City Natick State MA Zip Code 01760-</p> <p>Purpose of Disbursement Room Rental for State Committee Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 70514.E9744</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1645.00"/></p> <p>ROOM RENTAL FOR STATE COMMITTEE MEETING</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Hui Jojo Deng | Transaction ID: 70409.E9686 Date of Disbursement 04 / 02 / 2007 |
| | Mailing Address 117 Beaconsfield Road | Amount of Each Disbursement this Period 660.00 |
| | City Brookline State MA Zip Code 02445- | |
| | Purpose of Disbursement Accounting Services 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) ▼ |
| | | ACCOUNTING SERVICES |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Hui Jojo Deng | Transaction ID: 70514.E9742 Date of Disbursement 04 / 30 / 2007 |
| | Mailing Address 117 Beaconsfield Road | Amount of Each Disbursement this Period 808.50 |
| | City Brookline State MA Zip Code 02445- | |
| | Purpose of Disbursement Accounting Services 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) ▼ |
| | | ACCOUNTING SERVICES |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) DirecTV DirecTV | Transaction ID: 70409.E9685 Date of Disbursement 04 / 02 / 2007 |
| | Mailing Address PO Box 60036 | Amount of Each Disbursement this Period 147.57 |
| | City Los Angeles State CA Zip Code 90060-0036 | |
| | Purpose of Disbursement Cable 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) ▼ |
| | | CABLE SERVICE |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1616.07 |
| 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 / 40

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) DirecTV DirecTV | Transaction ID: 70514.E9729 Date of Disbursement 04 / 26 / 2007 |
| | Mailing Address PO Box 60036 | |
| | City Los Angeles State CA Zip Code 90060-0036 | Amount of Each Disbursement this Period 154.90 |
| | Purpose of Disbursement Cable Services | CABLE SERVICES |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Kirk Dobson | Transaction ID: 70427.E9714 Date of Disbursement 04 / 12 / 2007 |
| | Mailing Address 1209 Boylston St. | |
| | City Boston State MA Zip Code 02215- | Amount of Each Disbursement this Period 80.70 |
| | Purpose of Disbursement Reimbursement for Travel | REIMBURSEMENT FOR 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) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Brian Dodge | Transaction ID: 70514.E9726 Date of Disbursement 04 / 26 / 2007 |
| | Mailing Address 10 Parker Road | |
| | City Groveland State MA Zip Code 01834- | Amount of Each Disbursement this Period 450.82 |
| | Purpose of Disbursement Reimbursement: See Below | 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) | 686.42 |
| 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)
Copy Cop

Mailing Address Milk Street

City Boston State MA Zip Code 02109-

Purpose of Disbursement B.Dodge Reimbursement for printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 70514.E9727
Date of Disbursement 04 / 26 / 2007

Amount of Each Disbursement this Period 204.12

[MEMO ITEM]
MEMO: B.DODGE REIMBURSEMENT FOR PRINTING

B. Full Name (Last, First, Middle Initial)
Federal Express (Fed Ex)

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-

Purpose of Disbursement Express Mail

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 70427.E9713
Date of Disbursement 04 / 12 / 2007

Amount of Each Disbursement this Period 111.13

EXPRESS MAIL

C. Full Name (Last, First, Middle Initial)
Federal Express (Fed Ex)

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250-

Purpose of Disbursement Express Mail

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 70514.E9730
Date of Disbursement 04 / 26 / 2007

Amount of Each Disbursement this Period 29.04

EXPRESS MAIL

SUBTOTAL of Disbursements This Page (optional) ► 140.17

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

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Guardian Guardian | Transaction ID: 70409.E9657 Date of Disbursement 04 / 01 / 2007 |
| | Mailing Address Boston Group Office 1 Liberty Square | Amount of Each Disbursement this Period 397.17 |
| | City Boston State MA Zip Code 02109- | |
| | Purpose of Disbursement Insurance | INSURANCE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal | Transaction ID: 70514.E9731 Date of Disbursement 04 / 26 / 2007 |
| | Mailing Address 1200 Crown Colony Dr. | Amount of Each Disbursement this Period 1210.75 |
| | City Quincy State MA Zip Code 02169- | |
| | Purpose of Disbursement Health Insurance | HEALTH INSURANCE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Lyndsay Jones | Transaction ID: 70409.E9687 Date of Disbursement 04 / 02 / 2007 |
| | Mailing Address 16 Oval Road | Amount of Each Disbursement this Period 458.78 |
| | City Quincy State MA Zip Code 02170- | |
| | Purpose of Disbursement Payroll | 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) | 2066.70 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- 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) ▼ | Transaction ID: 70514.E9733 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 393.35 REIMBURSEMENT: SEE BELOW |
| B. | Full Name (Last, First, Middle Initial) Plymouth Harbor Radisson Hotel Mailing Address 180 Water St. City Plymouth State MA Zip Code 02360- Purpose of Disbursement L.Jones Reimbursement for Lodging 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: 70514.E9734 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 288.72 [MEMO ITEM] MEMO: L.JONES REIMBURSMENT FOR LODGING |
| C. | Full Name (Last, First, Middle Initial) Lexis-Nexis Mailing Address PO Box 7247-7090 City Philadelphia State PA Zip Code 19170- Purpose of Disbursement Payment of debt for research party related 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: 70514.E9732 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Amount of Each Disbursement this Period 1250.00 PAYMENT OF DEBT FOR RESEARCH PARTY RELATED |

SUBTOTAL of Disbursements This Page (optional) ▶

1643.35

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 24 / 40

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Communication, Inc. Majority | Transaction ID: 70514.E9735 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 274 Marconi Blvd. Suite 260 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 6 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 2 | 6 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| | City Columbus State OH Zip Code 43215- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Payment of Debt for General Mailing non fea no federal candidate | <table border="1"><tr><td>1000.00</td></tr></table> | 1000.00 | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | | PAYMENT OF DEBT FOR GENERAL MAILING NON FEA NO FEDERAL CANDIDATE | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) mindShift Technologies, Inc. | Transaction ID: 70514.E9736 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address PO Box 200105 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 6 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 2 | 6 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| | City Pittsburgh State PA Zip Code 15251- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Payment of debt for IT Support party related non fea | <table border="1"><tr><td>1596.00</td></tr></table> | 1596.00 | | | | | | | | | | | | | | | | | | |
| 1596.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | | PAYMENT OF DEBT FOR IT SUPPORT PARTY RELATED NON FEA | | | | | | | | | | | | | | | | | | | |

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|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Konica Minolta Business Systems | Transaction ID: 70427.E9708 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. Box 7247-0322 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 0 | 9 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 0 | 9 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | |
| | City Philadelphia State PA Zip Code 19170-0322 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Copier Rental | <table border="1"><tr><td>1076.55</td></tr></table> | 1076.55 | | | | | | | | | | | | | | | | | | |
| 1076.55 | | | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |
| | | COPIER RENTAL | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ►

3672.55

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)

PAGE 25 / 40

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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) 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: 70409.E9684 Date of Disbursement 04 / 05 / 2007 |
| | Amount of Each Disbursement this Period 4180.36 Category/Type PAYROLL TAXES |

| | |
|--|--|
| 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 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: 70409.E9690 Date of Disbursement 04 / 10 / 2007 |
| | Amount of Each Disbursement this Period 241.23 Category/Type PAYROLL SERVICE CHARGE |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Service - 401K 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: 70419.E9697 Date of Disbursement 04 / 13 / 2007 |
| | Amount of Each Disbursement this Period 155.00 Category/Type PAYROLL SERVICE - 401K |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4576.59 |
| 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. | Full Name (Last, First, Middle Initial) Paychex/InterPay | Transaction ID: 70427.E9706 Date of Disbursement 04 / 19 / 2007 |
| | Mailing Address PO Box 8295 | Amount of Each Disbursement this Period 4036.34 |
| | City Boston State MA Zip Code 02266- | |
| | Purpose of Disbursement Payroll Taxes 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 TAXES |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Plymouth Harbor Radisson Hotel | Transaction ID: 70514.E9737 Date of Disbursement 04 / 26 / 2007 |
| | Mailing Address 180 Water St. | Amount of Each Disbursement this Period 1231.37 |
| | City Plymouth State MA Zip Code 02360- | |
| | Purpose of Disbursement Campaign training event 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) ▼ |
| | | CAMPAIGN TRAINING EVENT |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Staples, Inc. | Transaction ID: 70427.E9709 Date of Disbursement 04 / 09 / 2007 |
| | Mailing Address Staples Credit Plan Dept. 80 - 0088936796 | Amount of Each Disbursement this Period 100.49 |
| | City Des Moines State IA Zip Code 50368-9020 | |
| | Purpose of Disbursement Office Supplies 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) ▼ |
| | | OFFICE SUPPLIES |

SUBTOTAL of Disbursements This Page (optional) ▶

5368.20

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) Staples, Inc. | Transaction ID: 70514.E9739 Date of Disbursement MM / DD / YYYY 04 / 26 / 2007 |
| | Mailing Address Staples Credit Plan Dept. 80 - 0088936796 | Amount of Each Disbursement this Period 313.58 |
| | City Des Moines | State IA |
| | Zip Code 50368-9020 | Category/ Type |
| | Purpose of Disbursement Office Supplies | OFFICE SUPPLIES |
| | 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. | Full Name (Last, First, Middle Initial) Verizon Internet Services | Transaction ID: 70514.E9741 Date of Disbursement MM / DD / YYYY 04 / 26 / 2007 |
| | Mailing Address PO Box 101096 | Amount of Each Disbursement this Period 767.62 |
| | City Atlanta | State GA |
| | Zip Code 30392- | Category/ Type |
| | Purpose of Disbursement Internet Services | INTERNET SERVICES |
| | 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: | |

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|----|--|---|
| C. | Full Name (Last, First, Middle Initial) WI-t Watson Law - Trust | Transaction ID: 70409.E9689 Date of Disbursement MM / DD / YYYY 04 / 02 / 2007 |
| | Mailing Address 140 Great Rd. | Amount of Each Disbursement this Period 900.00 |
| | City Bedford | State MA |
| | Zip Code 01730- | Category/ Type |
| | Purpose of Disbursement Legal Consuling | LEGAL CONSULING |
| | 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: | |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1981.20 |
| 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 28 / 40

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Watson Law Office <hr/> Mailing Address 140 Great Rd. <hr/> City Bedford State MA Zip Code 01730- <hr/> Purpose of Disbursement Legal Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 70427.E9716 Date of Disbursement 04 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 1800.00 <hr/> LEGAL SERVICE |
| B. | Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <hr/> Purpose of Disbursement Reimbursement for Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 70409.E9688 Date of Disbursement 04 / 02 / 2007 <hr/> Amount of Each Disbursement this Period 56.40 <hr/> REIMBURSEMENT FOR TRAVEL |
| C. | Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <hr/> Purpose of Disbursement Reimbursement for mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 70514.E9743 Date of Disbursement 04 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 328.75 <hr/> REIMBURSEMENT FOR MILEAGE |

SUBTOTAL of Disbursements This Page (optional) ▶

2185.15

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

41553.14

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 29 / 40

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

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

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Kirk Dobson | Transaction ID: 70409.E9679 |
| | Mailing Address 1209 Boylston St. | Date of Disbursement MM / DD / YYYY 04 / 05 / 2007 |
| | City Boston State MA Zip Code 02215- | Amount of Each Disbursement this Period 463.43 |
| | Purpose of Disbursement Payroll Candidate Name | PAYROLL |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Kirk Dobson | Transaction ID: 70427.E9700 |
| | Mailing Address 1209 Boylston St. | Date of Disbursement MM / DD / YYYY 04 / 19 / 2007 |
| | City Boston State MA Zip Code 02215- | Amount of Each Disbursement this Period 463.43 |
| | Purpose of Disbursement Payroll Candidate Name | PAYROLL |
| | 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) Brian Dodge | Transaction ID: 70409.E9680 |
| | Mailing Address 10 Parker Road | Date of Disbursement MM / DD / YYYY 04 / 05 / 2007 |
| | City Groveland State MA Zip Code 01834- | Amount of Each Disbursement this Period 2028.39 |
| | Purpose of Disbursement Payroll Candidate Name | PAYROLL |
| | 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2955.25 |
| 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 30 / 40

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <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) Brian Dodge | Transaction ID: 70427.E9701 Date of Disbursement 04 / 19 / 2007 |
| | Mailing Address 10 Parker Road | |
| | City Groveland State MA Zip Code 01834- | Amount of Each Disbursement this Period 2028.39 |
| | Purpose of Disbursement Payroll Candidate Name | PAYROLL |
| | 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) Bruce Harrison | Transaction ID: 70427.E9711 Date of Disbursement 04 / 12 / 2007 |
| | Mailing Address 101 Elm St | |
| | City Wakefield State MA Zip Code 01880- | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement Payroll-Administrative Support Candidate Name | PAYROLL-ADMINISTRATIVE SU- PPORT |
| | 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) Lyndsay Jones | Transaction ID: 70409.E9681 Date of Disbursement 04 / 05 / 2007 |
| | Mailing Address 16 Oval Road | |
| | City Quincy State MA Zip Code 02170- | Amount of Each Disbursement this Period 974.76 |
| | Purpose of Disbursement Payroll Candidate Name | PAYROLL |
| | 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) ▶

4003.15

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) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- 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: 70427.E9702 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 974.76 Category/Type PAYROLL |
| B. Full Name (Last, First, Middle Initial) Peter Torkildsen Mailing Address 1 Stony Brook Road City Chelmsford State MA Zip Code 01863- 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: 70409.E9682 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 2567.76 Category/Type PAYROLL |
| C. Full Name (Last, First, Middle Initial) Peter Torkildsen Mailing Address 1 Stony Brook Road City Chelmsford State MA Zip Code 01863- 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: 70427.E9703 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 2567.76 Category/Type PAYROLL |

SUBTOTAL of Disbursements This Page (optional) ▶

6110.28

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)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <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 <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <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: 70409.E9683 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 1236.59 PAYROLL |
| B. Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <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: 70427.E9704 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 1236.59 PAYROLL |

SUBTOTAL of Disbursements This Page (optional) ▶

2473.18

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

15541.86

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

| | | | |
|---|-------|----------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates | | | Nature of Debt (Purpose): Payment of debt for direct mail - party related non FEA |
| Mailing Address Steve Meyers 1283 Main Street | | | |
| City | State | ZIP Code | |
| Dublin | NH | 03444- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS70427.E9715 | |
| 5665.04 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 5665.04 | 0.00 | |

| | | | |
|---|-------|----------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates | | | Nature of Debt (Purpose): Original debt for direct mail - party related non FEA |
| Mailing Address Steve Meyers 1283 Main Street | | | |
| City | State | ZIP Code | |
| Dublin | NH | 03444- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90508.E11236 | |
| 9891.83 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 9891.83 | |

| | | | |
|---|-------|----------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates | | | Nature of Debt (Purpose): Original debt for direct mail - party related non FEA |
| Mailing Address Steve Meyers 1283 Main Street | | | |
| City | State | ZIP Code | |
| Dublin | NH | 03444- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90508.E11238 | |
| 475.83 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 475.83 | |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 10367.66 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 34 / 40 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates | Nature of Debt (Purpose): Original debt for direct mail - party related non FEA |
| Mailing Address Steve Meyers 1283 Main Street | |
| City State ZIP Code Dublin NH 03444- | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 5311.00 | Transaction ID: LS90508.E11245 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 5311.00 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates | Nature of Debt (Purpose): Original debt for direct mail - party related non FEA |
| Mailing Address Steve Meyers 1283 Main Street | |
| City State ZIP Code Dublin NH 03444- | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 15.69 | Transaction ID: LS90508.E11239 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 15.69 |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates | Nature of Debt (Purpose): Original debt for direct mail - party related non FEA |
| Mailing Address Steve Meyers 1283 Main Street | |
| City State ZIP Code Dublin NH 03444- | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 9980.45 | Transaction ID: LS90508.E11247 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 9980.45 |

| | |
|--|-----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 15307.14 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 35 / 40 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates | Nature of Debt (Purpose): Original debt for direct mail - party related non FEA |
| Mailing Address Steve Meyers 1283 Main Street | |
| City State ZIP Code Dublin NH 03444- | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 1445.12 | Transaction ID: LS90508.E11240 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1445.12 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates | Nature of Debt (Purpose): Original debt for direct mail - party related non FEA |
| Mailing Address Steve Meyers 1283 Main Street | |
| City State ZIP Code Dublin NH 03444- | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: LS90508.E11241 | |
| Amount Incurred This Period 3.58 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3.58 |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates | Nature of Debt (Purpose): Original debt for direct mail - party related non FEA |
| Mailing Address Steve Meyers 1283 Main Street | |
| City State ZIP Code Dublin NH 03444- | |

| | | |
|---|---------------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: LS90513.E11249 | |
| Amount Incurred This Period 3814.75 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3814.75 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 5263.45 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 36 / 40 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates | Nature of Debt (Purpose): Original debt for direct mail - party related non FEA |
| Mailing Address Steve Meyers 1283 Main Street | |
| City State ZIP Code Dublin NH 03444- | |

| | | |
|--|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID: LS90513.E11248 | |
| Amount Incurred This Period <input type="text" value="3909.25"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="3909.25"/> |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates | Nature of Debt (Purpose): Original debt for direct mail - party related non FEA |
| Mailing Address Steve Meyers 1283 Main Street | |
| City State ZIP Code Dublin NH 03444- | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="9351.63"/> | Transaction ID: LS90508.E11237 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="9351.63"/> |

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

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1250.00"/> | Transaction ID: LS70514.E9732 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="1250.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="13260.88"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1250.00"/> | | Transaction ID: LS90513.E11274 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1250.00"/> | |

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

| | | | |
|---|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1250.00"/> | | Transaction ID: LS90513.E11275 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1250.00"/> | |

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

| | | | |
|--|--|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | | Transaction ID: LS90513.E11276 | |
| Amount Incurred This Period <input type="text" value="1250.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1250.00"/> | |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="3750.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 38 / 40 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ENLisson ENIlsson | Nature of Debt (Purpose): Original debt for IT support party related non fea |
| Mailing Address 6 Depot Street | |
| City State ZIP Code Westford MA 01886- | |

| | | |
|--|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID: LS90513.E11301 | |
| Amount Incurred This Period <input type="text" value="1252.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1252.00"/> |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Garage Government Center | Nature of Debt (Purpose): Original debt for parking party related non fea |
| Mailing Address 50 New Sudbury Street | |
| City State ZIP Code Boston MA 02114- | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="1280.00"/> | Transaction ID: LS90513.E11298 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="1280.00"/> |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Garage Government Center | Nature of Debt (Purpose): Original debt for parking party related non fea |
| Mailing Address 50 New Sudbury Street | |
| City State ZIP Code Boston MA 02114- | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="640.00"/> | Transaction ID: LS90513.E11296 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="640.00"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="3172.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

| | | | |
|---|-------|----------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Garage Government Center | | | Nature of Debt (Purpose): Original debt for parking party related non fea |
| Mailing Address 50 New Sudbury Street | | | |
| City | State | ZIP Code | |
| Boston | MA | 02114- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90513.E11295 | |
| 640.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 640.00 | |

| | | | |
|---|-------|----------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc. | | | Nature of Debt (Purpose): Original debt for IT Support party related non fea |
| Mailing Address PO Box 200105 | | | |
| City | State | ZIP Code | |
| Pittsburgh | PA | 15251- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS90513.E11287 | |
| 0.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 1696.00 | 0.00 | 1696.00 | |

| | | | |
|---|-------|----------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc. | | | Nature of Debt (Purpose): Payment of debt for IT Support party related non fea |
| Mailing Address PO Box 200105 | | | |
| City | State | ZIP Code | |
| Pittsburgh | PA | 15251- | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: LS70514.E9736 | |
| 1596.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 1596.00 | 0.00 | |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 2336.00 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 40 / 40 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc. | Nature of Debt (Purpose): Original debt for IT Support party related non fea |
| Mailing Address PO Box 200105 | |
| City Pittsburgh State PA ZIP Code 15251- | |

| | | |
|--|---------------------------------------|--|
| Outstanding Balance Beginning This Period 1596.00 | Transaction ID: LS90513.E11286 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1596.00 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Communication, Inc. Majority | Nature of Debt (Purpose): Payment of Debt for General Mailing non fea no federal candidate |
| Mailing Address 274 Marconi Blvd. Suite 260 | |
| City Columbus State OH ZIP Code 43215- | |

| | | |
|---|--------------------------------------|---|
| Outstanding Balance Beginning This Period 16000.00 | Transaction ID: LS70514.E9735 | |
| Amount Incurred This Period 0.00 | Payment This Period 1000.00 | Outstanding Balance at Close of This Period 15000.00 |

| | |
|--|-----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 16596.00 |
| 2) TOTALS This Period (last page this line number only)..... | 70053.13 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 70053.13 |