

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**MASSACHUSETTS VICTORY COMMITTEE**

ADDRESS (number and street) **310 FIRST STREET, SE**  
Check if different than previously reported. (ACC) **WASHINGTON DC 20003**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00549782** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  2016 through  /  /  2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
CRATE, BRADLEY, T., ,  
Type or Print Name of Treasurer

Signature of Treasurer CRATE, BRADLEY, T., , [Electronically Filed] Date  /  /  2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**MASSACHUSETTS VICTORY COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		101270.81
(b) Cash on Hand at Beginning of Reporting Period.....	51741.27	
(c) Total Receipts (from Line 19) .....	208350.83	1449800.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	260092.10	1551071.64
7. Total Disbursements (from Line 31).....	174307.54	1465287.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	85784.56	85784.56
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**MASSACHUSETTS VICTORY COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 29 / 2016 To: M M / D D / Y Y Y Y 12 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	196900.00	1395250.00
(ii) Unitemized .....	400.00	10100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	197300.00	1405350.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	11050.83	33050.83
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	208350.83	1438400.83
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	11400.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	208350.83	1449800.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	208350.83	1449800.83

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	31089.66	363076.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	31089.66	363076.95
22. Transfers to Affiliated/Other Party Committees.....	141382.94	1097375.19
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	1834.94	4834.94
(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)).....	1834.94	4834.94
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	174307.54	1465287.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	174307.54	1465287.08

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	208350.83	1438400.83
34. Total Contribution Refunds (from Line 28(d)) .....	1834.94	4834.94
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	206515.89	1433565.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	31089.66	363076.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	11400.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31089.66	351676.95

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

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

FOR LINE NUMBER: PAGE 6 OF 55  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. BEAMS, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 GREEN LANE  
 City WESTON State MA Zip Code 02493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.8673**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. BEAMS, MALIZ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 GREEN LANE  
 City WESTON State MA Zip Code 02493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VESTIGO VENTURES Occupation (for Individual) ADVISORY BOARD MEMBER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2016  
**Transaction ID : SA11AI.8675**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. BOLAND, CHRISTOPHER, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 TOWER DR  
 City DOVER State MA Zip Code 02030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOATHOUSE GROUP, INC. Occupation (for Individual) CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2016  
**Transaction ID : SA11AI.8596**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. BRUCKNER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 MOTTS HOLLOW RD  
 City BELLE TERRE State NY Zip Code 11777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NATIONAL GRID Occupation (for Individual) SENIOR VP, LONG ISLAND  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2016  
**Transaction ID : SA11AI.8658**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. CALNAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 TURNERS WAY  
 City NORWELL State MA Zip Code 02061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) J. CALNAN & ASSOCIATES Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 06 / 2016  
**Transaction ID : SA11AI.8632**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. CAPOLUPO, WAYNE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 BEACH ROAD UNIT #17  
 City SALISBURY State MA Zip Code 01952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SPS NEW ENGLAND INC. Occupation (for Individual) CHAIRMAN AND CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 12 / 06 / 2016  
**Transaction ID : SA11AI.8627**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. CAWLEY, RICHARD, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 FARM RD

City SHERBORN	State MA	Zip Code 01770
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RECTIX COMMERCIAL AVIATION	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

**Transaction ID : SA11AI.8645**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. CHAMBERS, HERBERT, G, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 259 MCGRATH HIGHWAY

City SOMERVILLE	State MA	Zip Code 02143
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHAMBER MOTOR CARS	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2016

**Transaction ID : SA11AI.8654**

Amount of Each Receipt this Period  
25000.00

Memo Item

**C. CONNOR, BRIAN, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 CLAREMONT AVE

City ARLINGTON	State MA	Zip Code 02476
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARMSTRONG AMBULANCE	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2016

**Transaction ID : SA11AI.8626**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	31000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 55
<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 VICTORY COMMITTEE**

**A. DACIER, KIMBERLY, L, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 92 WOODLAND STREET

City SHERBORN	State MA	Zip Code 01770
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

**Transaction ID : SA11AI.8647**

Amount of Each Receipt this Period  
15000.00

Memo Item

**B. DAVIS, NANCY, M, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 520 HARRISON AVENUE #501

City BOSTON	State MA	Zip Code 02118
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2016

**Transaction ID : SA11AI.8638**

Amount of Each Receipt this Period  
7500.00

Memo Item

**C. DEANGELIS, DANA, GOODALL, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 GLEN BROOK RD

City WELLESLEY	State MA	Zip Code 02481
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SMART SOURCE	Occupation (for Individual) SALES
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2016

**Transaction ID : SA11AI.8635**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	22750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 55
<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 VICTORY COMMITTEE**

**A. DICKERSON, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 238  
 City BURTONSVILLE State MD Zip Code 20866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PEPCO HOLDINGS Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2016  
**Transaction ID : SA11AI.8666**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. EPSTEIN, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 COMMERCE WAY  
 City NORTON State MA Zip Code 02766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HORIZON BEVERAGE CO Occupation (for Individual) MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.8614**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. EPSTEIN, MICHAEL, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 COMMERCIAL WAY  
 City NORTON State MA Zip Code 02766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HORIZON BEVERAGE GROUP Occupation (for Individual) VP OF OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2016  
**Transaction ID : SA11AI.8612**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 55  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. FALLON, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address ONE MARINA PARK DRIVE  
 City BOSTON State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) THE FALLON COMPANY Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 12 / 19 / 2016  
**Transaction ID : SA11AI.8655**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. JAVDAN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8504 BURNING TREE RD  
 City BETHESDA State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) ALVAREZ & MARSAL Occupation (for Individual) MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2016  
**Transaction ID : SA11AI.8599**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. JENSEN, GLENN, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 470 ATLANTIC AVE  
 4TH FL  
 City BOSTON State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) NEW ENGLAND RETIREMENT Occupation (for Individual) PENSION CONSULTANT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2016  
**Transaction ID : SA11AI.8624**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. KANGAS, JEANNE, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 959 HILL RD  
 City BOXBOROUGH State MA Zip Code 01719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARNOLD & KANGAS, PC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2016  
**Transaction ID : SA11AI.8629**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. KARA, HENRY, G, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 POST OFFICE SQUARE SUITE 970  
 City BOSTON State MA Zip Code 02109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KARA LAW OFFICES Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 30 / 2016  
**Transaction ID : SA11AI.8670**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

**C. MARINO, ROGER, M, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 254 WESTFIELD STREET  
 City DEDHAM State MA Zip Code 02026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PRIVATE INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 12 / 12 / 2016  
**Transaction ID : SA11AI.8646**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. MCCARTHY JR., JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 PIERCE RD  
 City PEABODY State MA Zip Code 01960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ENERGI INC. Occupation (for Individual) INSURANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2016  
**Transaction ID : SA11AI.8620**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. MCDONNELL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 ATLANTIC AVE #7E  
 City BOSTON State MA Zip Code 02110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIFTH GENERATION Occupation (for Individual) MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2016  
**Transaction ID : SA11AI.8671**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**C. MCNAMARA, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 WHITMAR RD  
 City MARSTONS MILLS State MA Zip Code 02648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DIESEL DIRECT Occupation (for Individual) CEO/PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2016  
**Transaction ID : SA11AI.8643**  
 Amount of Each Receipt this Period  
 3000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 55
<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 VICTORY COMMITTEE**

**A. MOONEY, JAMES, F, MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 171 EDMUNDS ROAD

City WELLESLEY	State MA	Zip Code 02481
-------------------	-------------	-------------------

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

Name of Employer (for Individual) THE BAUPOST GROUP	Occupation (for Individual) INVESTOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

**Transaction ID : SA11AI.8648**

Amount of Each Receipt this Period  
7500.00

Memo Item

**B. MOONEY, LISA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 166 EDMUNDS RD

City WELLESLEY	State MA	Zip Code 02481
-------------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2016

**Transaction ID : SA11AI.8650**

Amount of Each Receipt this Period  
7500.00

Memo Item

**C. NICOSIA, MARIO, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 530 HARRISON AVE

City BOSTON	State MA	Zip Code 02118
----------------	-------------	-------------------

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

Name of Employer (for Individual) GTI PROPERTIES INC	Occupation (for Individual) REAL ESTATE MANAGER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2016

**Transaction ID : SA11AI.8637**

Amount of Each Receipt this Period  
7500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	22500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. PAINE, WILLIAM, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 SANBORN STREET

City WINCHESTER	State MA	Zip Code 01890
--------------------	-------------	-------------------

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

Name of Employer (for Individual) WILMERHALE	Occupation (for Individual) LAWYER
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2016

**Transaction ID : SA11AI.8601**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. POGORELC, DAVID, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 COMMONWEALTH AVENUE #8

City BOSTON	State MA	Zip Code 02116
----------------	-------------	-------------------

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

Name of Employer (for Individual) CORE INVESTMENTS	Occupation (for Individual) REAL ESTATE
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2016

**Transaction ID : SA11AI.8656**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. REED, MARCY, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 BLUEBERRY LN

City CONCORD	State MA	Zip Code 01742
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NATIONAL GRID	Occupation (for Individual) SENIOR VP US PUBLIC AFFAIRS
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2016

**Transaction ID : SA11AI.8662**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 55  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. RICCIO, ANTHONY, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 228 COUNTY ST  
 City ATTLEBORO State MA Zip Code 02703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016  
**Transaction ID : SA11AI.8606**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. RICCIO, ROBERT, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 DENNIS ST UNIT 4  
 City ATTLEBORO State MA Zip Code 02703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2016  
**Transaction ID : SA11AI.8608**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. ROLLINS, DEBRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 FARM ST  
 City DOVER State MA Zip Code 02030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 16700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2016  
**Transaction ID : SA11AI.8641**  
 Amount of Each Receipt this Period  
 16700.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 17200.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. ROLLINS, KEVIN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 192 CLAYBROOK ROAD

City DOVER	State MA	Zip Code 02030
---------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
26700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2016

**Transaction ID : SA11AI.8639**

Amount of Each Receipt this Period  
16700.00

Memo Item

**B. RUBENSTEIN, BENJAMIN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 COMMERCE WAY

City NORTON	State MA	Zip Code 02766
----------------	-------------	-------------------

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

Name of Employer (for Individual) HORIZON BEVERAGE GROUP	Occupation (for Individual) MANAGING DIRECTOR
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

**Transaction ID : SA11AI.8618**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. RUBENSTEIN, SAMUEL, ROBERT, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 LOWELL RD

City WELLESLEY HILLS	State MA	Zip Code 02481
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) HORIZON BEVERAGE CO	Occupation (for Individual) MANAGING DIRECTOR
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2016

**Transaction ID : SA11AI.8616**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	17700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 55
<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 VICTORY COMMITTEE**

**A. SEAVERS, URETHA, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13525 SW 61ST CT  
 City PINECREST State FL Zip Code 33156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2016  
**Transaction ID : SA11AI.8668**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. SLOANE, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 STONECREST DRIVE  
 City NEEDHAM State MA Zip Code 02492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CENTURY BANK Occupation (for Individual) BANKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 06 / 2016  
**Transaction ID : SA11AI.8633**  
 Amount of Each Receipt this Period 4000.00  
 Memo Item

**C. SMYTH, BERNARD, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 CROSSROADS PLAZA #243  
 City WEST HARTFORD State CT Zip Code 06117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PAVIRINI NE CONSTRUCTION CO. Occupation (for Individual) CONSTRUCTION EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2016  
**Transaction ID : SA11AI.8660**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. SOBOLEWSKI, TERENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 ROLLING LN  
 City DOVER State MA Zip Code 02030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NATIONAL GRID Occupation (for Individual) VP OF SALES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2016  
**Transaction ID : SA11AI.8664**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. ST SAUVEUR, JEFFREY, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 450 VETERANS MEMORIAL PKWY #100 EAST  
 City PROVIDENCE State RI Zip Code 02914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BELLIVEAU & ST. SAUVEUR Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2016  
**Transaction ID : SA11AI.8622**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. VERMA, SUDIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 EDWARD DR  
 City WINCHESTER State MA Zip Code 01890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALEGEUS TECHNOLOGIES Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 8000.00

Date of Receipt 11 / 30 / 2016  
**Transaction ID : SA11AI.8602**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 20 OF 55  
(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 VICTORY COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZEROLA, NICOLE, , ,**

Mailing Address **19 BAKERS HILL ROAD**

City <b>WESTON</b>	State <b>MA</b>	Zip Code <b>02493</b>
-----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>ZEROLA &amp; ASSOCIATES, PC</b>	Occupation (for Individual) <b>ATTORNEY &amp; REAL ESTATE BROKER</b>
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2250.00**

Date of Receipt  
**11 / 29 / 2016**

**Transaction ID : SA11AI.8597**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>196900.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 55
<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 VICTORY COMMITTEE**

**A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 ABBOTT PARK RD.  
D312 AP6D-2

City ABBOTT PARK	State IL	Zip Code 60064
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2016

**Transaction ID : SA11C.8669**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. O'NEILL & ASSOCIATES PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 NEW CHARDON ST

City BOSTON	State MA	Zip Code 02114
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2016

**Transaction ID : SA11C.8631**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	11000.00

# 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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	6

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [ ]

Transaction ID : SB21B.8915

Amount of Each Disbursement this Period

[ ] 60.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

### B. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	1	6

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [ ]

Transaction ID : SB21B.8916

Amount of Each Disbursement this Period

[ ] 500.00

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

### C. APEX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	1	6

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [ ]

Transaction ID : SB21B.8917

Amount of Each Disbursement this Period

[ ] 1474.00

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

[ ] 2034.00

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8918

Amount of Each Disbursement this Period

[REDACTED] 4.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 28 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8919

Amount of Each Disbursement this Period

[REDACTED] 200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BACK BAY GARAGE**

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8920

Amount of Each Disbursement this Period

[REDACTED] 28.00

Memo Item

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

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

[REDACTED] 232.00

[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BACK BAY GARAGE</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2016	
Mailing Address 222 BERKELEY ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8921</b> Amount of Each Disbursement this Period [ ] 40.00	
City BOSTON	State MA	Zip Code 02116	Category/ Type [ ]
Purpose of Disbursement PARKING SERVICES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BOSTON TAXI</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016	
Mailing Address 37-03 21ST STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8924</b> Amount of Each Disbursement this Period [ ] 8.60	
City LONG ISLAND CITY	State NY	Zip Code 11101	Category/ Type [ ]
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BOSTON TAXI</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address 37-03 21ST STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.8925</b> Amount of Each Disbursement this Period [ ] 13.20	
City LONG ISLAND CITY	State NY	Zip Code 11101	Category/ Type [ ]
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

[ ] 61.80

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

[ ]



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8926  
Amount of Each Disbursement this Period  
9.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8927  
Amount of Each Disbursement this Period  
7.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8928  
Amount of Each Disbursement this Period  
10.20

Memo Item

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

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

26.40

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8929

Amount of Each Disbursement this Period

[ ] 14.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8930

Amount of Each Disbursement this Period

[ ] 6.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8931

Amount of Each Disbursement this Period

[ ] 46.35

Memo Item

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

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

[ ] 66.95

[ ]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 27 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8932  
Amount of Each Disbursement this Period  
10.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 27 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8933  
Amount of Each Disbursement this Period  
11.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAROLINE ALCOCK**

Mailing Address 35 MYRTLE ST.  
APT. 1

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8935  
Amount of Each Disbursement this Period  
10000.00

Memo Item

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

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

10022.00

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CARRIE NATION COCKTAIL CLUB**

Mailing Address 11 BEACON STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8936  
Amount of Each Disbursement this Period  
57.88

Memo Item

Full Name (Last, First, Middle Initial)

**B. CASSIDY GOLWICK**

Mailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8938  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8939  
Amount of Each Disbursement this Period  
20.00

Memo Item

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

1077.88

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DAVID DRUMMOND</b>		Date of Disbursement MM / DD / YYYY 12 / 12 / 2016
Mailing Address 85 MERRIMAC ST UNIT 2		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8942</b> Amount of Each Disbursement this Period [REDACTED] 272.50
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DAVIO'S</b>		Date of Disbursement MM / DD / YYYY 12 / 13 / 2016
Mailing Address 55 BOYLSTON STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8943</b> Amount of Each Disbursement this Period [REDACTED] 68.71
City CHESTNUT HILL	State MA	Zip Code 02467
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DUNKIN DONUTS</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2016
Mailing Address 301 CONGRESS ST		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8944</b> Amount of Each Disbursement this Period [REDACTED] 79.15
City BOSTON	State MA	Zip Code 02210
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 420.36
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. EXXONMOBIL**

Mailing Address 5959 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8945  
Amount of Each Disbursement this Period  
49.32

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 30 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8946  
Amount of Each Disbursement this Period  
19.12

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 30 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8947  
Amount of Each Disbursement this Period  
433.36

Memo Item

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

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

501.80

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 07 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8948  
Amount of Each Disbursement this Period  
88.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 08 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8949  
Amount of Each Disbursement this Period  
31.89

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 15 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8950  
Amount of Each Disbursement this Period  
12.83

Memo Item

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

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

133.35

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 22 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.8951**  
Amount of Each Disbursement this Period  
13.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOGO DE CHAO**

Mailing Address 14881 QUORUM DRIVE  
UNIT 750

City DALLAS State TX Zip Code 75254

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 14 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.8953**  
Amount of Each Disbursement this Period  
262.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 01 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.8954**  
Amount of Each Disbursement this Period  
53.00

Memo Item

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

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

328.90



**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8955  
Amount of Each Disbursement this Period  
33.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8956  
Amount of Each Disbursement this Period  
134.34

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8957  
Amount of Each Disbursement this Period  
39.24

Memo Item

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

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

206.58

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FOUR SEASONS</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2016
Mailing Address 200 BOYLSTON STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8958</b>
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Amount of Each Disbursement this Period [REDACTED] 81.34
Candidate Name		Category/Type [REDACTED]
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:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. GARAGE AT 100 CLARENDON</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8959</b>
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Amount of Each Disbursement this Period [REDACTED] 70.00
Candidate Name		Category/Type [REDACTED]
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:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. GARAGE AT 100 CLARENDON</b>		Date of Disbursement MM / DD / YYYY 12 / 16 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8960</b>
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Amount of Each Disbursement this Period [REDACTED] 34.00
Candidate Name		Category/Type [REDACTED]
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:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 185.34
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. GARAGE AT 100 CLARENDON**

Mailing Address 100 CLARENDON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8961

Amount of Each Disbursement this Period

34.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GOVERNMENT CENTER GARAGE**

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8963

Amount of Each Disbursement this Period

76.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GRANARY TAVERN**

Mailing Address 170 MILK STREET

City BOSTON State MA Zip Code 02110

Purpose of Disbursement  
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8964

Amount of Each Disbursement this Period

259.72

Memo Item

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

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

369.72

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. GRANARY TAVERN</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2016	
Mailing Address 170 MILK STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8965</b> Amount of Each Disbursement this Period [REDACTED] 324.70	
City BOSTON	State MA	Zip Code 02110	Category/ Type [REDACTED]
Purpose of Disbursement FACILITY RENTAL/CATERING 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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. LA CAMPANIA</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2016	
Mailing Address 504 MAIN STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8967</b> Amount of Each Disbursement this Period [REDACTED] 233.85	
City WALTHAM	State MA	Zip Code 02452	Category/ Type [REDACTED]
Purpose of Disbursement FACILITY RENTAL/CATERING 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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. LAZ PARKING, INC.</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address 15 LEWIS STREET		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.8968</b> Amount of Each Disbursement this Period [REDACTED] 10.00	
City HARTFORD	State CT	Zip Code 06103	Category/ Type [REDACTED]
Purpose of Disbursement PARKING 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) ▼		<input type="checkbox"/> Memo Item
State:	District:		

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

[REDACTED] 568.55

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

[REDACTED]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LAZ PARKING, INC.**

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8969

Amount of Each Disbursement this Period

13.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8970

Amount of Each Disbursement this Period

7.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8971

Amount of Each Disbursement this Period

16.97

Memo Item

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

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

38.07

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8972

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8973

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.8974

Amount of Each Disbursement this Period

Memo Item

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8975  
Amount of Each Disbursement this Period

[ ] 29.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8976  
Amount of Each Disbursement this Period

[ ] 16.45

Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 09 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB21B.8977  
Amount of Each Disbursement this Period

[ ] 7.99

Memo Item

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

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

[ ] 53.89

[ ]

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

FEC Identification Number  
C  
Transaction ID : SB21B.8978  
Amount of Each Disbursement this Period  
9.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

FEC Identification Number  
C  
Transaction ID : SB21B.8979  
Amount of Each Disbursement this Period  
12.19

Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

FEC Identification Number  
C  
Transaction ID : SB21B.8980  
Amount of Each Disbursement this Period  
18.54

Memo Item

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

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

40.13



**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8981  
Amount of Each Disbursement this Period  
25.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8982  
Amount of Each Disbursement this Period  
9.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8983  
Amount of Each Disbursement this Period  
7.98

Memo Item

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

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

42.71

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.8984**  
Amount of Each Disbursement this Period  
10.28

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.8985**  
Amount of Each Disbursement this Period  
18.41

Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

C  
Transaction ID : **SB21B.8986**  
Amount of Each Disbursement this Period  
7.94

Memo Item

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

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

36.63

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8987  
Amount of Each Disbursement this Period  
21.88

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8988  
Amount of Each Disbursement this Period  
8.65

Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8989  
Amount of Each Disbursement this Period  
9.29

Memo Item

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

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

39.82

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8990  
Amount of Each Disbursement this Period  
17.34

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 23 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8991  
Amount of Each Disbursement this Period  
7.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 23 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8992  
Amount of Each Disbursement this Period  
8.04

Memo Item

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

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

33.08

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.8993**  
 Amount of Each Disbursement this Period  
 19.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. LYFT**

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.8994**  
 Amount of Each Disbursement this Period  
 20.86

Memo Item

Full Name (Last, First, Middle Initial)

**C. MOOO**

Mailing Address 15 BEACON ST

City BOSTON State MA Zip Code 02180

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.8998**  
 Amount of Each Disbursement this Period  
 79.20

Memo Item

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

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

119.69

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MOOO**

Mailing Address 15 BEACON ST

City BOSTON State MA Zip Code 02180

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 07 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.8999  
Amount of Each Disbursement this Period  
188.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. MOOO**

Mailing Address 15 BEACON ST

City BOSTON State MA Zip Code 02180

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9000  
Amount of Each Disbursement this Period  
213.34

Memo Item

Full Name (Last, First, Middle Initial)

**C. MORTON'S THE STEAKHOUSE**

Mailing Address 2 SEAPORT LANE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9001  
Amount of Each Disbursement this Period  
2500.00

Memo Item

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

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

2901.70

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MORTON'S THE STEAKHOUSE**

Mailing Address 2 SEAPORT LANE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.9002**  
 Amount of Each Disbursement this Period  
 674.37

Memo Item

Full Name (Last, First, Middle Initial)

**B. POST 390**

Mailing Address 406 STUART STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.9005**  
 Amount of Each Disbursement this Period  
 84.55

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2016

FEC Identification Number

C  
**Transaction ID : SB21B.9006**  
 Amount of Each Disbursement this Period  
 3030.60

Memo Item

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

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

3789.52

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
12 / 06 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9011  
Amount of Each Disbursement this Period  
476.30

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
12 / 19 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9012  
Amount of Each Disbursement this Period  
475.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. STEPHANIE'S ON NEWBURY**

Mailing Address 190 NEWBURY STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement  
MM / DD / YYYY  
12 / 27 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9013  
Amount of Each Disbursement this Period  
100.00

Memo Item

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

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

1051.78



**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIP BY STREGA**

Mailing Address 64 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y  
 12 / 22 / 2016

FEC Identification Number  
**C**  
**Transaction ID : SB21B.9014**  
 Amount of Each Disbursement this Period  
 341.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMO BISTRO & BAR**

Mailing Address SEAPORT HOTEL & WORLD TRADE CENTER  
 1 SEAPORT LANE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2016

FEC Identification Number  
**C**  
**Transaction ID : SB21B.9018**  
 Amount of Each Disbursement this Period  
 42.51

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMO BISTRO & BAR**

Mailing Address SEAPORT HOTEL & WORLD TRADE CENTER  
 1 SEAPORT LANE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2016

FEC Identification Number  
**C**  
**Transaction ID : SB21B.9019**  
 Amount of Each Disbursement this Period  
 48.75

Memo Item

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

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

432.67

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TAMO BISTRO & BAR**

Mailing Address SEAPORT HOTEL & WORLD TRADE CENTER  
1 SEAPORT LANE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9020  
Amount of Each Disbursement this Period  
101.87

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9021  
Amount of Each Disbursement this Period  
46.52

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9022  
Amount of Each Disbursement this Period  
59.08

Memo Item

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

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

207.47

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. THE FAIRMONT COPLEY PLAZA</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2016
Mailing Address 138 JAMES ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9023</b> Amount of Each Disbursement this Period [ ] 57.50
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. THE FAIRMONT COPLEY PLAZA</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2016
Mailing Address 138 JAMES ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9024</b> Amount of Each Disbursement this Period [ ] 102.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. THE LANGHAM</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016
Mailing Address 250 FRANKLIN STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.9025</b> Amount of Each Disbursement this Period [ ] 42.24
City BOSTON	State MA	Zip Code 02110
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 201.74
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE LANGHAM**

Mailing Address 250 FRANKLIN STREET

City BOSTON State MA Zip Code 02110

Purpose of Disbursement  
TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9026  
Amount of Each Disbursement this Period  
118.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE OCEANAIRE SEAFOOD ROOM**

Mailing Address 40 COURT STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9027  
Amount of Each Disbursement this Period  
227.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. TIM O'LEARY**

Mailing Address 22 BURNHAM RD

City WENHAM State MA Zip Code 01984

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 29 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9029  
Amount of Each Disbursement this Period  
2500.00

Memo Item

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

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

2846.06

**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"/> 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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement  
MOBILE PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9031  
Amount of Each Disbursement this Period  
212.49

Memo Item

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement  
MOBILE PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9032  
Amount of Each Disbursement this Period  
490.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. WILL RIGDON**

Mailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.9034  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

1703.45

29839.56

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<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 VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MASSACHUSETTS REPUBLICAN PARTY**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2016			

Mailing Address 85 MERRIMAC ST.  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

FEC Identification Number

**C** C00042622

**Transaction ID : SB22.9035**  
Amount of Each Disbursement this Period

35356.53

Memo Item

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. MASSACHUSETTS REPUBLICAN PARTY**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2016			

Mailing Address 85 MERRIMAC ST.  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

FEC Identification Number

**C** C00042622

**Transaction ID : SB22.9037**  
Amount of Each Disbursement this Period

70983.51

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. REPUBLICAN NATIONAL COMMITTEE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2016			

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRANSFER

FEC Identification Number

**C** C00003418

**Transaction ID : SB22.9039**  
Amount of Each Disbursement this Period

35042.90

Memo Item

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

141382.94

141382.94

**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"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. MAGINN, ROBERT, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement:  /  /

Mailing Address: 101 HUNTINGTON AVENUE SUITE 2200  
STE 2200

City: BOSTON State: MA Zip Code: 02199

Purpose of Disbursement: CONTRIBUTION REFUND

Candidate Name:

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type:

FEC Identification Number:  **Transaction ID : SB28A.9041**

Amount of Each Disbursement this Period:

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement:  /  /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type:

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement:  /  /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State:  District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type:

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="1834.94"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1834.94"/>