

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2010 through 01 31 2010

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

Type or Print Name of Treasurer Brent Anderson

Signature of Treasurer Electronically Filed by Brent Anderson Date 05 24 2011

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		77412.05
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	77412.05									
(c) Total Receipts (from Line 19) .....	965090.00	965090.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1042502.05	1042502.05								
7. Total Disbursements (from Line 31) .....	698187.95	698187.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	344314.10	344314.10								
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) .....	5660.20									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	97109.00	97109.00
(ii) Unitemized .....	10375.00	10375.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	107484.00	107484.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	117484.00	117484.00
12. Transfers From Affiliated/Other Party Committees .....	847606.00	847606.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	965090.00	965090.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	965090.00	965090.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	66516.90	66516.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	66516.90	66516.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	629538.00	629538.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	2133.05	2133.05
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	2133.05	2133.05
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	698187.95	698187.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	698187.95	698187.95

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	117484.00	117484.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	117484.00	117484.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	66516.90	66516.90
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	66516.90	66516.90

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 42  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
Daniel Anderson

Mailing Address PO Box 625

City Rehoboth Beach State DE Zip Code 19971

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2010

**Transaction ID:** 00129.C177859

Amount of Each Receipt this Period  
10000.00

**B.**

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

Mailing Address 407 Warren Street

City Brookline State MA Zip Code 02445

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

**Transaction ID:** 00129.C177966

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
George Berry

Mailing Address 133 Weston Rd.

City Lincoln State MA Zip Code 01773

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2010

**Transaction ID:** 00129.C177862

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12000.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ann Blackham  
Mailing Address 60 Swan Road  
City Winchester State MA Zip Code 01890  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coldwell Banker Occupation Real Estate Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 14 / 2010  
Transaction ID: 00129.C177911  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Paul Bork  
Mailing Address 61 Azalea Road  
City Sharon State MA Zip Code 02067  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 28 / 2010  
Transaction ID: 00129.C178004  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Brace  
Mailing Address 9 Jackson Pond  
City Dedham State MA Zip Code 02026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 13 / 2010  
Transaction ID: 00129.C177861  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 42  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Nelson Burbank

Mailing Address 24 Juniper Circle

City State Zip Code  
Reading MA 01867

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

Transaction ID: 00129.C177940

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Salvatore Cirella

Mailing Address 56 East Mall

City State Zip Code  
Melville NY 11747

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

Name of Employer PCR Restaurant Corp. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

Transaction ID: 00129.C177947

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Bluegrass Committee

Mailing Address 400 N. Capitol St. NW #585

City State Zip Code  
Washington DC 20001

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

Name of Employer PAC Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2010

Transaction ID: 00129.C177743

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Cronin		Date of Receipt
	Mailing Address 72 Cliff Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Weston	MA	02493
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 00129.C177740
Name of Employer Weston Presidio		Occupation Venture Capitalist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	<input type="text"/> 5000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Cronin		Date of Receipt
	Mailing Address 72 Cliff Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Weston	MA	02493
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 00129.C177741
Name of Employer Weston Presidio		Occupation Venture Capitalist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 15000.00	<input type="text"/> 10000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) James Davis		Date of Receipt
	Mailing Address 48 SARGENT ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 7 / 2 0 1 0
	City	State	Zip Code
	Newton	MA	02458
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 00129.C177968
Name of Employer New Balance Shoes		Occupation Chairman	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	<input type="text"/> 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 20000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Delbridge		Date of Receipt MM / DD / YYYY 01 / 27 / 2010		
	Mailing Address 10 Andrea Drive		<b>Transaction ID:</b> 00129.C177951		
	City Hopkinton	State MA	Zip Code 01748	Amount of Each Receipt this Period 10000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Harborvest Partners	Occupation Financial Analyst			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) John Dematteo		Date of Receipt MM / DD / YYYY 01 / 27 / 2010		
	Mailing Address 30 ALBION ROAD		<b>Transaction ID:</b> 00129.C177969		
	City Wellesley	State MA	Zip Code 02481	Amount of Each Receipt this Period 1200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Information Requested	Occupation Information Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Walter Donovan		Date of Receipt MM / DD / YYYY 01 / 27 / 2010		
	Mailing Address 151 Tremont Street Apt. 6F		<b>Transaction ID:</b> 00129.C177949		
	City Boston	State MA	Zip Code 02111	Amount of Each Receipt this Period 10000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fidelity Investments	Occupation Investments			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	21200.00
<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 / 42  
(check only one)

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

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

**A.**

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

Mailing Address PO Box 954  
9 Prospect Hill Road

City State Zip Code  
Stockbridge MA 01262

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

Transaction ID: 00129.C177952

Amount of Each Receipt this Period  
5000.00

**B.**

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

Mailing Address 144 Freedom St.

City State Zip Code  
Hopedale MA 01747

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

Transaction ID: 00129.C177967

Amount of Each Receipt this Period  
1200.00

**C.**

Full Name (Last, First, Middle Initial)  
M. Dozier Gardner

Mailing Address 100 Upland Road

City State Zip Code  
Brookline MA 02445

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

Transaction ID: 00129.C177913

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7200.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 42  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Massachusetts Republican State Congressional Committee

**A.**

Full Name (Last, First, Middle Initial)  
Gerard Guillemette

Mailing Address 458 McDonnel Road

City Alameda State CA Zip Code 94502

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: 00217.C178022

Amount of Each Receipt this Period  
203.00

**B.**

Full Name (Last, First, Middle Initial)  
Gerard Guillemette

Mailing Address 458 McDonnel Road

City Alameda State CA Zip Code 94502

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 509.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: 00217.C178055

Amount of Each Receipt this Period  
203.00

**C.**

Full Name (Last, First, Middle Initial)  
Gerard Guillemette

Mailing Address 458 McDonnel Road

City Alameda State CA Zip Code 94502

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: 00217.C178056

Amount of Each Receipt this Period  
103.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **509.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 42  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Glenn Harned

Mailing Address 11644 Crest Maple Drive

City State Zip Code  
Woodbridge VA 22192

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: 00217.C178014

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Miles Herter

Mailing Address 12 Boardman Ave.

City State Zip Code  
Manchester MA 01944

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2010

Transaction ID: 00129.C177774

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4 Beacon St.

City State Zip Code  
Mattapoisett MA 02739

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2010

Transaction ID: 00129.C177995

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 42  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Janet Jenney

Mailing Address 4 Beacon Street

City State Zip Code  
Mattapoisett MA 02739

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

Transaction ID: 00129.C177946

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
P Andrews McLane

Mailing Address 77 Dean Rd

City State Zip Code  
Weston MA 02493

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

Transaction ID: 00129.C177950

Amount of Each Receipt this Period  
10000.00

**C.**

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

Mailing Address 15 Smith Rd

City State Zip Code  
Milton MA 02186

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

Name of Employer Information Requested Occupation Information Requested  
GMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2010

Transaction ID: 00129.C177857

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10700.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 42  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
William Hugh Morton

Mailing Address 1480 Drift Road

City State Zip Code  
Westport MA 02790

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

Name of Employer Occupation  
Morton Law Office Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2010

**Transaction ID:** 00129.C177745

Amount of Each Receipt this Period  
500.00

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

Mailing Address 20 Austin Road

City State Zip Code  
Morrisville PA 19067

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** 00217.C178021

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Frank Pedlow

Mailing Address 23 Ridgeway Lane

City State Zip Code  
Boston MA 02114

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

**Transaction ID:** 00217.C178007

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 42  
(check only one)

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

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

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

**A.**

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

Mailing Address 9719 Ridgeway Drive

City State Zip Code  
Gig Harbor WA 98332

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2010

Transaction ID: 00217.C178012

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 119 Mt. Pleasant Ave.

City State Zip Code  
Gloucester MA 01930

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

Transaction ID: 00129.C177914

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Barbara Schadt

Mailing Address 17 OWENOKE PARK

City State Zip Code  
Westport CT 06880

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

Transaction ID: 00129.C177965

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 42  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard Sotell

Mailing Address 31 Lathrop Road

City Wellesley State MA Zip Code 02482

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

Name of Employer Kraematon Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 14 / 2010  
Transaction ID: 00129.C177912  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Gilbert Steward

Mailing Address 137 Larch Row

City Wenham State MA Zip Code 01984

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2010  
Transaction ID: 00129.C177964  
Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
D. Bradford Wetherell

Mailing Address 47 Fresh Pond Ln.

City Cambridge State MA Zip Code 02138

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

Name of Employer Romney for President Occupation Policy Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 28 / 2010  
Transaction ID: 00129.C177981  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Constance V R White		Date of Receipt MM / DD / YYYY 01 / 27 / 2010
Mailing Address 68 Beacon St.		<b>Transaction ID:</b> 00129.C177938
City Boston	State MA	Zip Code 02108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) George Young		Date of Receipt MM / DD / YYYY 01 / 27 / 2010
Mailing Address 235 Walker St. Apt 252		<b>Transaction ID:</b> 00129.C177948
City Lenox	State MA	Zip Code 01240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	97109.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 42
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Battle Born PAC		Date of Receipt
Mailing Address PO Box 370386		<input type="text" value="01"/> <input type="text" value="28"/> / <input type="text" value="2010"/>
City	State	Zip Code
Las Vegas	NV	91378
FEC ID number of contributing federal political committee.		Transaction ID: 00129.C177993
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="5000.00"/>

**B.**

Full Name (Last, First, Middle Initial) The Alamo PAC		Date of Receipt
Mailing Address 816 Congress Ave Suite 960		<input type="text" value="01"/> <input type="text" value="14"/> / <input type="text" value="2010"/>
City	State	Zip Code
Austin	TX	78701
FEC ID number of contributing federal political committee.		Transaction ID: 00129.C177916
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Information Requested		<input type="text" value="5000.00"/>
Occupation PAC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="10000.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 42  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Republican National Committee

Mailing Address 310 First Street SE  
PO Box 77416

City Washington State DC Zip Code 20003

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

Name of Employer Political Committee Occupation  
FEC ID: C00003418

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12436.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

Transaction ID: 00129.C177917

Amount of Each Receipt this Period  
8580.00

**B.** Full Name (Last, First, Middle Initial)  
Republican National Committee

Mailing Address 310 First Street SE  
PO Box 77416

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3856.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

Transaction ID: 00129.C177919

Amount of Each Receipt this Period  
3856.00

**C.** Full Name (Last, First, Middle Initial)  
Republican National Committee

Mailing Address 310 First Street SE  
PO Box 77416

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer Political Committee Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13436.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

Transaction ID: 00129.C177920

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **13436.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 42

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Scott Brown for US Senate Committee

Mailing Address PO BOX 395

City State Zip Code  
Wrentham MA 02093

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

Name of Employer Candidate Committee Occupation  
FEC ID # C00467233

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 309170.00

Date of Receipt

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

Transaction ID: 00218.C178079

Amount of Each Receipt this Period

189952.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott Brown for US Senate Committee

Mailing Address PO BOX 395

City State Zip Code  
Wrentham MA 02093

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

Name of Employer Candidate Committee Occupation  
FEC ID # C00467233

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 119218.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 1 0

Transaction ID: 00220.C178083

Amount of Each Receipt this Period

119218.00

**C.**

Full Name (Last, First, Middle Initial)  
NRSC

Mailing Address 425 2nd St. NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 151900.00

Date of Receipt

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

Transaction ID: 00220.C178081

Amount of Each Receipt this Period

151900.00

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

461070.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 42
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) NRSC		Date of Receipt
Mailing Address 425 2nd St. NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 1 / 1 4 / 2 0 1 0
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.		Transaction ID: 00220.C178082
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 348100.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 500000.00	
<input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Rep. Nat. Committee		Date of Receipt
Mailing Address 310 First Street, SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 1 / 1 3 / 2 0 1 0
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.		Transaction ID: 00218.C178080
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 25000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 25000.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 373100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 847606.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 42

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

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

A.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00219.E11859 Date of Disbursement 01 / 07 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1941.42
	City Stoneham State MA Zip Code 02180	
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00219.E11860 Date of Disbursement 01 / 21 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 516.27
	City Stoneham State MA Zip Code 02180	
	Purpose of Disbursement Reimbursement cell phone	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00219.E11891 Date of Disbursement 01 / 27 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 422.90
	City Stoneham State MA Zip Code 02180	
	Purpose of Disbursement Reimbursement see below	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2880.59
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00219.E11893 Date of Disbursement 01 / 14 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1617.02
	City Stoneham State MA Zip Code 02180	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 00219.E11894 Date of Disbursement 01 / 27 / 2010
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 365.00
	City Stoneham State MA Zip Code 02180	
	Purpose of Disbursement Reimbursement parking food travel	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tarah Donoghue	Transaction ID: 00219.E11877 Date of Disbursement 01 / 07 / 2010
	Mailing Address 3 Main Street	Amount of Each Disbursement this Period 1584.42
	City Dover State MA Zip Code 02030	
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3566.44
<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)

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

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

A.	Full Name (Last, First, Middle Initial) Tarah Donoghue	Transaction ID: 00219.E11878 Date of Disbursement 01 / 21 / 2010
	Mailing Address 3 Main Street	Amount of Each Disbursement this Period 1584.41
	City Dover State MA Zip Code 02030	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tara Esfahanian	Transaction ID: 00219.E11875 Date of Disbursement 01 / 27 / 2010
	Mailing Address 177 Upham St.	Amount of Each Disbursement this Period 2500.00
	City Melrose State MA Zip Code 02176	
	Purpose of Disbursement Fundraising consulting fee	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00219.E11841 Date of Disbursement 01 / 25 / 2010
	Mailing Address 34 Fresno St.	Amount of Each Disbursement this Period 128.72
	City Boston State MA Zip Code 02131	
	Purpose of Disbursement Reimbursement for stamps	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4213.13
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00219.E11842 Date of Disbursement 01 / 07 / 2010
	Mailing Address 34 Fresno St.	Amount of Each Disbursement this Period 653.07
	City Boston State MA Zip Code 02131	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 00219.E11843 Date of Disbursement 01 / 21 / 2010
	Mailing Address 34 Fresno St.	Amount of Each Disbursement this Period 685.15
	City Boston State MA Zip Code 02131	
	Purpose of Disbursement payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Susan Keene	Transaction ID: 00219.E11846 Date of Disbursement 01 / 07 / 2010
	Mailing Address 76 Locksley Rd.	Amount of Each Disbursement this Period 964.50
	City Lynnfield State MA Zip Code 01940	
	Purpose of Disbursement accounting services	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2302.72
<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)

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

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

A.	Full Name (Last, First, Middle Initial) Susan Keene	Transaction ID: 00219.E11849 Date of Disbursement 01 / 27 / 2010
	Mailing Address 76 Locksley Rd.	
	City Lynnfield State MA Zip Code 01940	Amount of Each Disbursement this Period 1028.00
	Purpose of Disbursement accounting services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Matthew Keswick	Transaction ID: 00219.E11855 Date of Disbursement 01 / 07 / 2010
	Mailing Address 231 Victory Road	
	City North Quincy State MA Zip Code 02171	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Melissa Lucas	Transaction ID: 00219.E11857 Date of Disbursement 01 / 14 / 2010
	Mailing Address 22 Slayton Road	
	City Melrose State MA Zip Code 02176	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Fundraising consulting fea for party rel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6528.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jennifer Nassour</p> <p>Mailing Address 49 Chelsea St., Unit C1-307</p> <p>City Boston State MA Zip Code 02129</p> <p>Purpose of Disbursement Reimbursement for travelfood parking</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00219.E11889</p> <p>Date of Disbursement 01 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 442.18</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Public Opinion Strategies</p> <p>Mailing Address 277 South Washington Street, Suite</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement party related polling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00219.E11896</p> <p>Date of Disbursement 01 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 304.40</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Direct Mail Systems</p> <p>Mailing Address 12450 Automobile Boulevard</p> <p>City Clearwater State FL Zip Code 33762</p> <p>Purpose of Disbursement Direct Mail-party related non FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 00217.E11826</p> <p>Date of Disbursement 01 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5346.82</p>

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

6093.40

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Direct Mail Systems	Transaction ID: 00217.E11827 Date of Disbursement
	Mailing Address 12450 Automobile Boulevard	<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Clearwater State FL Zip Code 33762	Amount of Each Disbursement this Period
	Purpose of Disbursement Direct Mail-party related non FEA	<input type="text" value="2219.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bellwether Consulting	Transaction ID: 00219.E11883 Date of Disbursement
	Mailing Address PO Box 1253	<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Oakland State FL Zip Code 34760	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Consulting	<input type="text" value="550.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts	Transaction ID: 00217.E11813 Date of Disbursement
	Mailing Address Landmark Center 401 Park Drive	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Boston State MA Zip Code 02215	Amount of Each Disbursement this Period
	Purpose of Disbursement Health Insurance	<input type="text" value="936.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3706.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bowditch & Dewey  Mailing Address 311 Main St. PO Box 15156  City Worcester State MA Zip Code 01615  Purpose of Disbursement General counsel and compliance Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00219.E11884 Date of Disbursement 01 / 07 / 2010  Amount of Each Disbursement this Period 350.00  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Byte Bulb  Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.  City Hanover State MA Zip Code 02339  Purpose of Disbursement party related website development Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00217.E11819 Date of Disbursement 01 / 14 / 2010  Amount of Each Disbursement this Period 3291.67  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Byte Bulb  Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.  City Hanover State MA Zip Code 02339  Purpose of Disbursement party related website development Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00217.E11820 Date of Disbursement 01 / 27 / 2010  Amount of Each Disbursement this Period 3000.00  Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6641.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 00219.E11833
	Mailing Address 7300 Hudson Blvd. Ste	Date of Disbursement 01 / 07 / 2010
	City Saint Paul State MN Zip Code 55128	Amount of Each Disbursement this Period 4880.10
	Purpose of Disbursement party related telemkt fundraising Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 00219.E11835
	Mailing Address 7300 Hudson Blvd. Ste	Date of Disbursement 01 / 14 / 2010
	City Saint Paul State MN Zip Code 55128	Amount of Each Disbursement this Period 4269.95
	Purpose of Disbursement party related telemkt fundraising Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Johnnies on the Side	Transaction ID: 00219.E11840
	Mailing Address 138 Portland St.	Date of Disbursement 01 / 07 / 2010
	City Boston State MA Zip Code 02114	Amount of Each Disbursement this Period 366.25
	Purpose of Disbursement Staff/volunteer dinner Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9516.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kauppi Communications	Transaction ID: 00219.E11844 Date of Disbursement 01 / 07 / 2010
	Mailing Address 27 Townly Road	Amount of Each Disbursement this Period 3000.00
	City Watertown State MA Zip Code 02472	
	Purpose of Disbursement Communications Consulting Fee - party re	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kauppi Communications	Transaction ID: 00219.E11845 Date of Disbursement 01 / 27 / 2010
	Mailing Address 27 Townly Road	Amount of Each Disbursement this Period 3000.00
	City Watertown State MA Zip Code 02472	
	Purpose of Disbursement Communications Consulting Fee Party rela	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Konica Minolta Business Systems	Transaction ID: 00219.E11851 Date of Disbursement 01 / 27 / 2010
	Mailing Address P.O. Box 7247-0322	Amount of Each Disbursement this Period 890.08
	City Philadelphia State PA Zip Code 19170	
	Purpose of Disbursement Copier Lease	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6890.08
<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)

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

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

A.	Full Name (Last, First, Middle Initial) Mak Productions	Transaction ID: 00219.E11853
	Mailing Address 123 Hill Street	Date of Disbursement 01 / 07 / 2010
	City Fall River State MA Zip Code 02723	Amount of Each Disbursement this Period 537.50
	Purpose of Disbursement party related shirts and pins for volunt Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ox-Eye Properties	Transaction ID: 00219.E11862
	Mailing Address c/o Massey & Co. 85 Merrimac Street	Date of Disbursement 01 / 07 / 2010
	City Boston State MA Zip Code 02114	Amount of Each Disbursement this Period 4713.70
	Purpose of Disbursement Rent & Utilities Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ox-Eye Properties	Transaction ID: 00219.E11863
	Mailing Address c/o Massey & Co. 85 Merrimac Street	Date of Disbursement 01 / 27 / 2010
	City Boston State MA Zip Code 02114	Amount of Each Disbursement this Period 4713.11
	Purpose of Disbursement Rent & Utilities Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9964.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 00219.E11864 Date of Disbursement
	Mailing Address PO Box 8295	<input type="text" value="01"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Boston State MA Zip Code 02266	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll fee	<input type="text" value="74.16"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 00219.E11865 Date of Disbursement
	Mailing Address PO Box 8295	<input type="text" value="01"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Boston State MA Zip Code 02266	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll fee	<input type="text" value="170.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 00219.E11866 Date of Disbursement
	Mailing Address PO Box 8295	<input type="text" value="01"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Boston State MA Zip Code 02266	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll tax	<input type="text" value="1974.44"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2219.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266 Purpose of Disbursement payroll tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00219.E11867 Date of Disbursement 01 / 21 / 2010
	Amount of Each Disbursement this Period 1785.13
	Category/Type
	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Sprint/Nextel Mailing Address PO Box 17990 City Denver State CO Zip Code 80217 Purpose of Disbursement cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00219.E11872 Date of Disbursement 01 / 07 / 2010
	Amount of Each Disbursement this Period 85.34
	Category/Type
	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Sprint/Nextel Mailing Address PO Box 17990 City Denver State CO Zip Code 80217 Purpose of Disbursement cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00219.E11873 Date of Disbursement 01 / 27 / 2010
	Amount of Each Disbursement this Period 124.29
	Category/Type
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1994.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	66516.90

**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)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 1 City Worcester State MA Zip Code 01654 Purpose of Disbursement Office phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00219.E11879 Date of Disbursement 01 / 07 / 2010
	Amount of Each Disbursement this Period 533.47
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 5029 City Wallingford State CT Zip Code 06492 Purpose of Disbursement cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00219.E11881 Date of Disbursement 01 / 27 / 2010
	Amount of Each Disbursement this Period 227.22

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

760.69

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

760.69

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect			Nature of Debt (Purpose):
Mailing Address 7300 Hudson Blvd. Ste			
City Saint Paul	State MN	ZIP Code 55128	

Outstanding Balance Beginning This Period		Transaction ID: LS91217.E11763	
3910.20			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3910.20	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis			Nature of Debt (Purpose):
Mailing Address PO Box 7247-7090			
City Philadelphia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11275	
250.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis			Nature of Debt (Purpose):
Mailing Address PO Box 7247-7090			
City Philadelphia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11276	
250.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	250.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	4410.20
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 38 / 42	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period		<b>Transaction ID: LS90513.E11277</b>	
1250.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1250.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1250.00
2) <b>TOTALS</b> This Period (last page this line number only).....	5660.20
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	5660.20

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee
If YES, name the designating committee: Scott Brown	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee Faulkner Strategies	Purpose of Expenditure <input type="text"/> Category/Type
Mailing Address 12801 Sandy Court	
City State ZIP Code Granger IN 46530	Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount 191251.57
Aggregate General Election Expenditure for this Candidate ▶ 629026.32	Transaction ID: 00219.E11830

Full Name (Last, First, Middle Initial) of Each Payee Faulkner Strategies	Purpose of Expenditure <input type="text"/> Category/Type
Mailing Address 12801 Sandy Court	
City State ZIP Code Granger IN 46530	Date M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount 102707.58
Aggregate General Election Expenditure for this Candidate ▶ 629026.32	Transaction ID: 00219.E11831

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure <input type="text"/> Category/Type
Mailing Address 4709 Hunt Rd.	
City State ZIP Code Onondaga MI 49264	Date M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 1 0
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount 2457.38
Aggregate General Election Expenditure for this Candidate ▶ 629026.32	Transaction ID: 00219.E11837

<b>SUBTOTAL</b> of Expenditures This Page (optional) ..... ▶	296416.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	





