

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2006 through 02 28 2006

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 03 20 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 2 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 62748.60 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 104158.52 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 183221.21 | 393409.30 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 287379.73 | 456157.90 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 174334.82 | 343112.99 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 113044.91 | 113044.91 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 2 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 143125.00 | 315221.00 |
| (i) Itemized (use Schedule A) | 24420.00 | 57487.99 |
| (ii) Unitemized | 167545.00 | 372708.99 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ▶ | 0.00 | 0.00 |
| (b) Political Party Committees | 15250.00 | 20250.00 |
| (c) Other Political Committees (such as PACs) | 182795.00 | 392958.99 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶ | | |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 426.21 | 450.31 |
| 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)) | 183221.21 | 393409.30 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 183221.21 | 393409.30 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 138230.11 | 267389.67 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 138230.11 | 267389.67 |
| 22. Transfers to Affiliated/Other Party Committees..... | 5000.00 | 10000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 31104.71 | 65723.32 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 31104.71 | 65723.32 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 174334.82 | 343112.99 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 174334.82 | 343112.99 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 182795.00 | 392958.99 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 182795.00 | 392958.99 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 138230.11 | 267389.67 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 426.21 | 450.31 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 137803.90 | 266939.36 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 62 |
| | <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 |

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)
Bruce Abelson

Mailing Address 15 Vineyard Place

City State Zip Code
South Easton MA 02375

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

Name of Employer
Spinal Imaging Inc.

Occupation
CEO/Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

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

Transaction ID: 60306.C154858

Amount of Each Receipt this Period
10000.00

Receipt

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

Mailing Address 640 Lewis Wharf

City State Zip Code
Boston MA 02110

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

Name of Employer
Molecular Insight Pharmaceutic

Occupation
Chairman/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

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

Transaction ID: 60216.C153817

Amount of Each Receipt this Period
15000.00

Receipt

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

Mailing Address 640 Lewis Wharf

City State Zip Code
Boston MA 02110

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

Name of Employer
Molecular Insight Pharmaceutic

Occupation
Chairman/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

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

Transaction ID: 60306.C154408

Amount of Each Receipt this Period
-5000.00

Memo

[MEMO ITEM]
note: Trans excess contribution to non-fed

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 25000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 62 |
| | <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 | |

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

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. George Berry | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 | |
| Mailing Address 133 Weston Rd. | | Transaction ID: 60306.C154523 | |
| City Lincoln | State MA | Zip Code 01773 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Retired | Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Robert Brooker | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 | |
| Mailing Address 175 School ST. | | Transaction ID: 60216.C153845 | |
| City Manchester | State MA | Zip Code 01944 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Information Requested | Occupation Information Requested | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. Chris Bulger | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6 | |
| Mailing Address 54 Sargent Road | | Transaction ID: 60306.C154411 | |
| City Brookline | State MA | Zip Code 02445 | Amount of Each Receipt this Period 2500.00 |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Needham and Company | Occupation Managing Director | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3250.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 62 |
| | <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 |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Nelson Burbank | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 24 Juniper Circle | | Transaction ID: 60216.C153826 |
| City State Zip Code Reading MA 01867 | Amount of Each Receipt this Period 1500.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer Retired Occupation Retired | Aggregate Year-to-Date ▼ 1500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Lawrence Cohn | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 |
| Mailing Address 45 Single Tree Road | | Transaction ID: 60216.C153825 |
| City State Zip Code Chestnut Hill MA 02467 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer Brigham & Womens Hospital Occupation Cardiac Surgeon | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Frank Conant | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 314 Bassett Brook Dr. | | Transaction ID: 60216.C154076 |
| City State Zip Code Easthampton MA 01027 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt |
| Name of Employer Retired Occupation Retired | Aggregate Year-to-Date ▼ 100.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2600.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 62 |
| | <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 |

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)
Frank Conant

Mailing Address 314 Bassett Brook Dr.

City Easthampton State MA Zip Code 01027

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
M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 6

Transaction ID: 60306.C154503

Amount of Each Receipt this Period
150.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jeffrey Cumingham

Mailing Address 2 Crow Island

City Manchester State MA Zip Code 01944

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

Name of Employer Directorship Occupation Publisher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 60306.C154413

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kevin Delbridge

Mailing Address 10 Andrea Drive

City Hopkinton State MA Zip Code 01748

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

Name of Employer Harborvest Partners Occupation Financial Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

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

Transaction ID: 60306.C154406

Amount of Each Receipt this Period
10000.00

Receipt

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 11150.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 62 |
| | <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 | |

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)
Thomas Duncan

Mailing Address Frontier Capital
99 Summer Street

City Boston State MA Zip Code 02110

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

Name of Employer Frontier Capital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: 60306.C154417

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 22 Campbell Road

City Wayland State MA Zip Code 01778

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

Name of Employer Iron Age Corp. Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2006

Transaction ID: 60306.C154867

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Bruce Evans

Mailing Address 82 Lenox Street

City Newton State MA Zip Code 02465

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

Name of Employer Summit Partners Occupation Venture Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2006

Transaction ID: 60216.C153941

Amount of Each Receipt this Period
10000.00

Receipt

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 16000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 62 |
| | <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 | |

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)
Carl Ferenbach

Mailing Address 87 Pinckney Street

City State Zip Code
Boston MA 02114

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

Name of Employer Occupation
Berkshire Partners Private Equity Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

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

Transaction ID: 60306.C154386

Amount of Each Receipt this Period
10000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Richard Frisbie

Mailing Address Battery Ventures
20 William St. Suite 200

City State Zip Code
Wellesley MA 02481

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

Name of Employer Occupation
Battery Ventures Venture Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 60216.C153798

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Alfred Goldstein

Mailing Address 3 Royal Crest Drive
Apt. #11

City State Zip Code
North Andover MA 01845

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

Name of Employer Occupation
Lynn Plastics Plastics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 60216.C153995

Amount of Each Receipt this Period
2500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 13500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 62 |
| | <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 |

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)
Clark Griffith

Mailing Address PO Box 127

City Carver State MA Zip Code 02366

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

Name of Employer Cranberry Co. Occupation Farmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

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

Transaction ID: 60306.C154421

Amount of Each Receipt this Period
200.00

Receipt

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

Mailing Address 12 Boardman Ave.

City Manchester State MA Zip Code 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
 M M / D D / Y Y Y Y Y
 0 2 / 1 4 / 2 0 0 6

Transaction ID: 60216.C154050

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kevin Landry

Mailing Address 250 Boylston St. #6

City Boston State MA Zip Code 02116

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

Name of Employer TA Assoc Occupation Mgr Director & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 60216.C153797

Amount of Each Receipt this Period
1000.00

Receipt

| | | |
|--|---|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 62 |
| | <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 | |

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)
Francis Lehar

Mailing Address 11 Norwood Avenue

City State Zip Code
Manchester MA 01944

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

Name of Employer Occupation
Retired Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

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

Transaction ID: 60216.C153844

Amount of Each Receipt this Period
25.00

Receipt

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

Mailing Address 77 Heath Street

City State Zip Code
Brookline MA 02445

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

Name of Employer Occupation
The Davis Companies President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 10000.00

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

Transaction ID: 60216.C153739

Amount of Each Receipt this Period
10000.00

Receipt

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

Mailing Address 7 West Hollow

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Wignall Animal Hospital Veterinarian

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 10000.00

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

Transaction ID: 60216.C153793

Amount of Each Receipt this Period
10000.00

Receipt

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 20025.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 62 |
| | <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 |

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)
James McManus

Mailing Address 88 Chestnut St

City State Zip Code
Weston MA 02493

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

Name of Employer James McManus Occupation Commercial Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60216.C153757

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 25 Ashley Pl
Do Not Mail

City State Zip Code
Reading MA 01867

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

Name of Employer Hayes Eng., Inc. Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60216.C153823

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jonathan Payson

Mailing Address 58 West Street

City State Zip Code
Beverly MA 01915-2228

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

Name of Employer Wellington Inc. Occupation Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60216.C153838

Amount of Each Receipt this Period
10000.00

Receipt

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 10750.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 62 |
| | <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 | |

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)
Shirley Perry

Mailing Address 27 Lathrop Rd.

City Wellesley State MA Zip Code 02482

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

Name of Employer At Home Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: 60306.C154428

Amount of Each Receipt this Period
 200.00

Receipt

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

Mailing Address 1 Hazelnut Street

City Acton State MA Zip Code 01720

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
 M M / D D / Y Y Y Y
 0 2 / 2 8 / 2 0 0 6

Transaction ID: 60306.C154881

Amount of Each Receipt this Period
 200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Michael Potaski

Mailing Address 24B Church Street

City Linwood State MA Zip Code 01525

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 ▼ 2500.00

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

Transaction ID: 60216.C153760

Amount of Each Receipt this Period
 2500.00

Receipt

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2900.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 62 |
| | <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 | |

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)
Harold Pratt

Mailing Address 1010 Memorial Drive #9A

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
Nichols & Pratt Private Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 60216.C154030

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 153 Garfield Road

City State Zip Code
Concord MA 01742

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

Name of Employer Occupation
Fidelity Investments Investments

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

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

Transaction ID: 60306.C154891

Amount of Each Receipt this Period
10000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Salvy Sacro

Mailing Address Sacro Plaza

City State Zip Code
Everett MA 02149

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

Name of Employer Occupation
Self Employed Real Estate Developer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 60216.C153943

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **11250.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 62 |
| | <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 | |

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)
Kenneth Salsman

Mailing Address 2 Adams St.

City State Zip Code
Westborough MA 01581

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2006

Transaction ID: 60216.C153930

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Michael Schaefer

Mailing Address PO Box 71

City State Zip Code
Easthampton MA 01027

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

Name of Employer Information Requested Occupation Information Requested
The October Company Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2006

Transaction ID: 60216.C154052

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Horace Schermerhorn

Mailing Address 10 Village Drive

City State Zip Code
East Sandwich MA 02537

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

Name of Employer Information Requested Occupation Information Requested
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 60306.C154623

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 62 |
| | <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 | |

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)
Edwin Seipp

Mailing Address 49 Tuscaloosa Ave.

City Atherton State CA Zip Code 94027

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
02 / 14 / 2006

Transaction ID: 60216.C154024

Amount of Each Receipt this Period
200.00

Receipt

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

Mailing Address 91 Longmeadow Rd.

City Milton State MA Zip Code 02186

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

Name of Employer Shaughnessy and Ahern Occupation Businessman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: 60306.C154430

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Warren Smith

Mailing Address 38 Coolidge Lane

City Dedham State MA Zip Code 02026

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

Name of Employer TH Lee Company Occupation Investment Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2006

Transaction ID: 60217.C154166

Amount of Each Receipt this Period
10000.00

Receipt

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 12700.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 62 |
| | <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)
Robert Wadsworth

Mailing Address 99 Livingston Road

City Wellesley State MA Zip Code 02482

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

Name of Employer Harbourvest Partners Occupation Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 4 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60216.C154028

Amount of Each Receipt this Period
10000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jacques Wajsfelner

Mailing Address 298 Concord Rd.

City Weston State MA Zip Code 02493

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

Name of Employer Pine Hill Management Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 3 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60216.C153799

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Sinclair Weeks

Mailing Address 6040 E. Calles Ojos Verdes Apt. 5-02

City Tucson State AZ Zip Code 85750

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 60216.C154055

Amount of Each Receipt this Period
1000.00

Receipt

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 12000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 143125.00 |

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

| | | | | | | | | |
|--|------------------------------|------------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 20 / 62 | | | | | | |
| | (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 |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. ClearChannel Communications PAC | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 6 | |
| Mailing Address Drew Hoffman 200 E Basse Road | | Transaction ID: 60216.C154057 | |
| City State Zip Code San Antonio TX 78209 | | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer PAC Occupation FEC ID: C00279216 | | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. General Electric PAC | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 6 / 2 0 0 6 | |
| Mailing Address Robert Risch 1000 Western Avenue | | Transaction ID: 60216.C154056 | |
| City State Zip Code Lynn MA 01910 | | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Federal PAC Occupation FEC#: C00024869 | | Aggregate Year-to-Date ▼ 5000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ken Chase for Senate Committee | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 7 / 2 0 0 6 | |
| Mailing Address 87 Pine Street | | Transaction ID: 60216.C153878 | |
| City State Zip Code Belmont MA 02478 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | Receipt | |
| Name of Employer Candidate Committee S6MA0-0221 Occupation FEC ID: C00417972 | | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 10250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 21 / 62 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

A. Full Name (Last, First, Middle Initial)
Liberty Mutual PAC

Mailing Address Paul Mattera
175 Berkeley Street

City Boston State MA Zip Code 02117

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

Name of Employer PAC Occupation
FEC#- C00171843

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60306.C154859

Amount of Each Receipt this Period
5000.00

Receipt

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 15250.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|--|------------------------------|--|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 22 / 62 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" 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)
Seaport Hotel

Mailing Address 1 Seaport Lane

City State Zip Code
Boston MA 02114-

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
426.21

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

Transaction ID: 60216.C153810

Amount of Each Receipt this Period
426.21

Offsets to Operating Expenditure

Note: credit from vendor - disbursement 12/7/05

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 426.21 |
| TOTAL This Period (last page this line number only) | ▶ | 426.21 |

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 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. AlphaGraphics AlphaGraphics | | Transaction ID: 60320.E8185 Date of Disbursement MM / DD / YYYY 02 / 27 / 2006 |
| Mailing Address 74 Canal Street | | Amount of Each Disbursement this Period 332.36 |
| City Boston State MA Zip Code 02114- | PRINTING- GENERAL NON-FEA NO FED CAND | |
| Purpose of Disbursement PRINTING- GENERAL NON-FEA NO FED CAND | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. The Bostonians of Boston College | | Transaction ID: 60306.E8126 Date of Disbursement MM / DD / YYYY 02 / 13 / 2006 |
| Mailing Address 140 Commonwealth Ave. | | Amount of Each Disbursement this Period 500.00 |
| City Chestnut Hill State MA Zip Code 02467- | ENTERTAINMENT/MUSICIANS FOR GENERAL PARTY EVENT | |
| Purpose of Disbursement ENTERTAINMENT/MUSICIANS FOR GENERAL PART | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) C. Boston Photo Imaging | | Transaction ID: 60306.E8123 Date of Disbursement MM / DD / YYYY 02 / 13 / 2006 |
| Mailing Address 355 Boylston St. | | Amount of Each Disbursement this Period 345.50 |
| City Boston State MA Zip Code 02116- | PHOTO PRINTING | |
| Purpose of Disbursement PHOTO PRINTING | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1177.86 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Boy Genius- Boy Genius Inc. | | Transaction ID: 60306.E8127 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address PO Box 61 | | Amount of Each Disbursement this Period 160.00 |
| City Pascoag State RI Zip Code 02859- | Purpose of Disbursement WEB HOSTING 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) ▼ | WEB HOSTING |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Cambridge Offset Printing | | Transaction ID: 60306.E8110 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address 56 Creighton Street | | Amount of Each Disbursement this Period 2835.00 |
| City Cambridge State MA Zip Code 02140- | Purpose of Disbursement PRINTING-GENERAL FOR PARTY NON FEA NO FE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRINTING-GENERAL FOR PARTY NON FEA NO FEDERAL CANDID-ATE |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Cambridge Offset Printing | | Transaction ID: 60306.E8129 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 56 Creighton Street | | Amount of Each Disbursement this Period 614.25 |
| City Cambridge State MA Zip Code 02140- | Purpose of Disbursement PRINTING-GENERAL FOR PARTY NON FEA NO FE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRINTING-GENERAL FOR PARTY NON FEA NO FEDERAL CANDID-ATE |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3609.25 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Cambridge Offset Printing | | Transaction ID: 60306.E8141 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 56 Creighton Street | | Amount of Each Disbursement this Period 346.50 |
| City Cambridge State MA Zip Code 02140- | PRINTING-GENERAL FOR PARTY NON FEA NO FEDERAL CANDID- ATE | |
| Purpose of Disbursement PRINTING-GENERAL FOR PARTY NON FEA NO FE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---------|--|
| Full Name (Last, First, Middle Initial) B. Csx Castle Self-Storage | | Transaction ID: 60306.E8142 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 39 Old Colony Ave. | | Amount of Each Disbursement this Period 279.12 |
| City Boston State MA Zip Code 02127- | STORAGE | |
| Purpose of Disbursement STORAGE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial) C. CDW CDW | | Transaction ID: 60306.E8104 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 50 S. LaSalle Street | | Amount of Each Disbursement this Period 861.50 |
| City Chicago State IL Zip Code 60675- | COMPUTER EQUIPMENT | |
| Purpose of Disbursement COMPUTER EQUIPMENT | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1487.12 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

| | | |
|--|---|--|
| <p>A. CDW CDW</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 50 S. LaSalle Street</p> | | <p>Transaction ID: 60306.E8109 Date of Disbursement: MM / DD / YYYY 02 / 02 / 2006</p> |
| <p>City Chicago State IL Zip Code 60675-</p> | <p>Purpose of Disbursement COMPUTER EQUIPMENT</p> | <p>Amount of Each Disbursement this Period 237.56</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>Category/Type COMPUTER EQUIPMENT</p> |

| | | |
|--|---|--|
| <p>B. CDW CDW</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 50 S. LaSalle Street</p> | | <p>Transaction ID: 60320.E8186 Date of Disbursement: MM / DD / YYYY 02 / 27 / 2006</p> |
| <p>City Chicago State IL Zip Code 60675-</p> | <p>Purpose of Disbursement COMPUTER EQUIPMENT</p> | <p>Amount of Each Disbursement this Period 1990.70</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>Category/Type COMPUTER EQUIPMENT</p> |

| | | |
|---|---|--|
| <p>C. Conference Call Conference Call.</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1445 MacArthur Dr. Suite 214</p> | | <p>Transaction ID: 60306.E8111 Date of Disbursement: MM / DD / YYYY 02 / 09 / 2006</p> |
| <p>City Carrollton State TX Zip Code 75007-</p> | <p>Purpose of Disbursement CONFERENCE CALL</p> | <p>Amount of Each Disbursement this Period 187.02</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>Category/Type CONFERENCE CALL</p> |

| | |
|---|----------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>2415.28</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Conference Call Conference Call. | | Transaction ID: 60306.E8130 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 1445 MacArthur Dr. Suite 214 | | Amount of Each Disbursement this Period 20.10 |
| City Carrollton State TX Zip Code 75007- | CONFERENCE CALL | |
| Purpose of Disbursement CONFERENCE CALL | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Conquest Conquest Comm. | | Transaction ID: 60306.E8112 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address 2812 West Laburnum Ave., Ste. 103 | | Amount of Each Disbursement this Period 245.76 |
| City Richmond State VA Zip Code 23294-3718 | VOTER LIST | |
| Purpose of Disbursement VOTER LIST | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Copy Cop | | Transaction ID: 60306.E8139 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6 |
| Mailing Address Milk Street | | Amount of Each Disbursement this Period 6565.50 |
| City Boston State MA Zip Code 02109- | PHOTO COPY GENERAL NON-FEA NO FEDERAL CANDIDATE | |
| Purpose of Disbursement PHOTO COPY GENERAL NON-FEA NO FEDERAL | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6831.36 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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. Paul Craney Full Name (Last, First, Middle Initial) Mailing Address 177 Cambridge Ave City Fair Haven State NJ Zip Code 07704- | | Transaction ID: 60306.E8115 Date of Disbursement 02 / 09 / 2006 Amount of Each Disbursement this Period 107.75 |
| Purpose of Disbursement REIMBURSEMENT-TRAVEL 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: | | REIMBURSEMENT-TRAVEL |

| | | |
|--|--|---|
| B. Hui Jojo Deng Full Name (Last, First, Middle Initial) Mailing Address 117 Beaconsfield Road City Brookline State MA Zip Code 02445- | | Transaction ID: 60320.E8189 Date of Disbursement 02 / 27 / 2006 Amount of Each Disbursement this Period 726.00 |
| Purpose of Disbursement ACCOUNTING SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | ACCOUNTING SERVICE |

| | | |
|---|--|---|
| C. DirecTV DirecTV Full Name (Last, First, Middle Initial) Mailing Address PO Box 60036 City Los Angeles State CA Zip Code 90060-0036 | | Transaction ID: 60306.E8131 Date of Disbursement 02 / 16 / 2006 Amount of Each Disbursement this Period 144.90 |
| Purpose of Disbursement CABLE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | CABLE SERVICE |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 978.65 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Donatelli Avella, Inc. | | Transaction ID: 60306.E8113 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address P.O. Box 25784 | | Amount of Each Disbursement this Period 575.00 |
| City Alexandria State VA Zip Code 22313- | MAILING NON-FEA NO FEDERAL CANDIDATE | |
| Purpose of Disbursement MAILING NON-FEA NO FEDERAL CANDIDATE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) ENLisson ENilsson | | Transaction ID: 60320.E8187 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 |
| Mailing Address 6 Depot Street | | Amount of Each Disbursement this Period 989.00 |
| City Westford State MA Zip Code 01886- | WEBSITE HOSTING | |
| Purpose of Disbursement WEBSITE HOSTING | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex) | | Transaction ID: 60306.E8114 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 371461 | | Amount of Each Disbursement this Period 116.34 |
| City Pittsburgh State PA Zip Code 15250- | EXPRESS MAIL | |
| Purpose of Disbursement EXPRESS MAIL | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1680.34 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Federal Express (Fed Ex) | | Transaction ID: 60306.E8132 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address PO Box 371461 | | Amount of Each Disbursement this Period 88.51 |
| City Pittsburgh State PA Zip Code 15250- | Category/ Type EXPRESS MAIL | |
| Purpose of Disbursement EXPRESS MAIL Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Federal Express (Fed Ex) | | Transaction ID: 60320.E8188 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 |
| Mailing Address PO Box 371461 | | Amount of Each Disbursement this Period 99.49 |
| City Pittsburgh State PA Zip Code 15250- | Category/ Type SHIPPING | |
| Purpose of Disbursement SHIPPING Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Brandon Finn | | Transaction ID: 60306.E8128 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 163 Belmont St. Apt.1 | | Amount of Each Disbursement this Period 169.63 |
| City Belmont State MA Zip Code 02478- | Category/ Type REIMBURSEMENT | |
| Purpose of Disbursement REIMBURSEMENT Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 357.63 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Fleet Bank | | Transaction ID: 60320.E8183 Date of Disbursement MM / DD / YYYY 02 / 28 / 2006 |
| Mailing Address 100 Federal Street | | Amount of Each Disbursement this Period 204.50 |
| City Boston State MA Zip Code 02110- | BANK SERVICE CHARGE | |
| Purpose of Disbursement BANK SERVICE CHARGE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Garage Government Center | | Transaction ID: 60306.E8143 Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 50 New Sudbury Street | | Amount of Each Disbursement this Period 3105.00 |
| City Boston State MA Zip Code 02114- | PARKING | |
| Purpose of Disbursement PARKING | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Guardian Guardian | | Transaction ID: 60216.E8070 Date of Disbursement MM / DD / YYYY 02 / 01 / 2006 |
| Mailing Address Boston Group Office 1 Liberty Square | | Amount of Each Disbursement this Period 698.48 |
| City Boston State MA Zip Code 02109- | INSURANCE | |
| Purpose of Disbursement INSURANCE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4007.98 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Downtown Harvard Club | | Transaction ID: 60306.E8124 Date of Disbursement MM / DD / YYYY 02 / 13 / 2006 |
| Mailing Address One Federal St. | | Amount of Each Disbursement this Period 1357.02 |
| City Boston State MA Zip Code 02210- | Purpose of Disbursement EVENT CATERING-GENERAL PARTY EVENT NON- | |
| Candidate Name | | Category/ Type EVENT CATERING-GENERAL PARTY EVENT NON-FEA NO FEDERAL CANDIDATE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. HPH Inc. Harvard Pilgram Heal | | Transaction ID: 60306.E8144 Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 1200 Crown Colony Dr. | | Amount of Each Disbursement this Period 6270.26 |
| City Quincy State MA Zip Code 02169- | Purpose of Disbursement HEALTH INSURANCE | |
| Candidate Name | | Category/ Type HEALTH INSURANCE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jason Kauppi | | Transaction ID: 60306.E8106 Date of Disbursement MM / DD / YYYY 02 / 02 / 2006 |
| Mailing Address Kauppi Communications 28 State St. | | Amount of Each Disbursement this Period 4000.00 |
| City Boston State MA Zip Code 02109- | Purpose of Disbursement PR CONSULTING/ WRITING PR CONSULTING/ W | |
| Candidate Name | | Category/ Type PR CONSULTING/ WRITING PR CONSULTING/ WRITING (NON-FEA GENERAL WRITING) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 11627.28 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|---------------|--|
| Full Name (Last, First, Middle Initial) A. Lexis-Nexis | | Transaction ID: 60306.E8118 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 7247-7090 | | Amount of Each Disbursement this Period 913.00 |
| City Philadelphia State PA Zip Code 19170- | RESEARCH DATA | |
| Purpose of Disbursement RESEARCH DATA Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Lotus Designs Lotus Designs | | Transaction ID: 60306.E8116 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address 547 A Columbus Ave. | | Amount of Each Disbursement this Period 225.00 |
| City Boston State MA Zip Code 02118- | DECORATIONS FOR GENERAL PARTY EVENT NON-FEA | |
| Purpose of Disbursement DECORATIONS FOR GENERAL PARTY EVENT NON- Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|-----------------|--|
| Full Name (Last, First, Middle Initial) C. Merchants Bankcard | | Transaction ID: 60320.E8180 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 |
| Mailing Address Fleet Bank 100 Federal Street | | Amount of Each Disbursement this Period 25.00 |
| City Boston State MA Zip Code 02110- | CREDIT CARD FEE | |
| Purpose of Disbursement CREDIT CARD FEE Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1163.00 |
| 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)

PAGE 34 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|-----------------|--|
| Full Name (Last, First, Middle Initial) A. Merchants Bankcard | | Transaction ID: 60306.E8178 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 |
| Mailing Address Fleet Bank 100 Federal Street | | Amount of Each Disbursement this Period 300.15 |
| City Boston State MA Zip Code 02110- | CREDIT CARD FEE | |
| Purpose of Disbursement CREDIT CARD 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) ▼ |

| | | |
|--|---------------|--|
| Full Name (Last, First, Middle Initial) B. Konica Minolta Business Systems | | Transaction ID: 60306.E8133 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address P.O. Box 7247-0322 | | Amount of Each Disbursement this Period 956.60 |
| City Philadelphia State PA Zip Code 19170-0322 | COPIER RENTAL | |
| Purpose of Disbursement COPIER RENTAL Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) C. OBrien Inc.- OBrien Communicatio | | Transaction ID: 60306.E8119 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 659 | | Amount of Each Disbursement this Period 87.50 |
| City Wrentham State MA Zip Code 02093- | TELEPHONE SERVICE | |
| Purpose of Disbursement TELEPHONE SERVICE Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1344.25 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | | |
|---|------------------|--|-------------------|
| Full Name (Last, First, Middle Initial) A. OBrien Inc.- OBrien Communicatio | | Transaction ID: 60306.E8134 Date of Disbursement MM / DD / YYYY 02 / 16 / 2006 | |
| Mailing Address PO Box 659 | | Amount of Each Disbursement this Period 365.00 | |
| City Wrentham | State MA | Zip Code 02093- | Category/ Type |
| Purpose of Disbursement TELEPHONE SERVOCE | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | TELEPHONE SERVOCE | |

| | | | |
|---|------------------|--|-------------------|
| Full Name (Last, First, Middle Initial) B. Omni Parker House | | Transaction ID: 60306.E8149 Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 | |
| Mailing Address 60 School Street | | Amount of Each Disbursement this Period 2726.18 | |
| City Boston | State MA | Zip Code 02108- | Category/ Type |
| Purpose of Disbursement EVENT-ROOM AND CATERING NON-FEA NO FED | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | EVENT-ROOM AND CATERING NON-FEA NO FEDERAL CANDID- ATE | |

| | | | |
|---|------------------|--|-------------------|
| Full Name (Last, First, Middle Initial) C. Ox-Eye Properties | | Transaction ID: 60306.E8145 Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 | |
| Mailing Address c/o Massey & Co. 85 Merrimac Street | | Amount of Each Disbursement this Period 4728.22 | |
| City Boston | State MA | Zip Code 02114- | Category/ Type |
| Purpose of Disbursement RENT | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | RENT | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7819.40 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 36 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex/InterPay | | Transaction ID: 60216.E8088 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 8295 | | Amount of Each Disbursement this Period 1383.84 |
| City Boston State MA Zip Code 02266- | Purpose of Disbursement PAYROLL-401K Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL-401K |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Paychex/InterPay | | Transaction ID: 60216.E8089 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 8295 | | Amount of Each Disbursement this Period 9073.84 |
| City Boston State MA Zip Code 02266- | Purpose of Disbursement PAYROLL-TAXES Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL-TAXES |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Paychex/InterPay | | Transaction ID: 60320.E8182 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 8295 | | Amount of Each Disbursement this Period 160.00 |
| City Boston State MA Zip Code 02266- | Purpose of Disbursement PRYROLL SERVICE -401 K Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PRYROLL SERVICE -401 K |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 10617.68 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|-----------------|---|
| Full Name (Last, First, Middle Initial) A. Paychex/InterPay | | Transaction ID: 60320.E8181 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 8295 | | Amount of Each Disbursement this Period 258.17 |
| City Boston State MA Zip Code 02266- | PAYROLL SERVICE | |
| Purpose of Disbursement PAYROLL SERVICE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) B. Paychex/InterPay | | Transaction ID: 60306.E8102 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address PO Box 8295 | | Amount of Each Disbursement this Period 8878.79 |
| City Boston State MA Zip Code 02266- | PAYROLL-TAXES | |
| Purpose of Disbursement PAYROLL-TAXES | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|--------------|---|
| Full Name (Last, First, Middle Initial) C. Paychex/InterPay | | Transaction ID: 60306.E8101 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address PO Box 8295 | | Amount of Each Disbursement this Period 1383.84 |
| City Boston State MA Zip Code 02266- | PAYROLL-401K | |
| Purpose of Disbursement PAYROLL-401K | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 10520.80 |
| 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)

PAGE 38 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) for Business Platinum Plus | | Transaction ID: 60320.E8184 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address Po Box 334 | | Amount of Each Disbursement this Period 664.60 |
| City Boston State MA Zip Code 02114- | TRAVEL-AIRFARE-S.CHAMBLISS US AIR NON-FEA | |
| Purpose of Disbursement TRAVEL-AIRFARE-S.CHAMBLISS US AIR NON-FE | | 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) Poland Spring Poland Spring | | Transaction ID: 60306.E8147 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address Processing Center PO Box 52271 | | Amount of Each Disbursement this Period 183.46 |
| City Phoenix State AZ Zip Code 85072- | BOTTLE WATER | |
| Purpose of Disbursement BOTTLE WATER | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| C. Full Name (Last, First, Middle Initial) Jinara Reyes | | Transaction ID: 60306.E8151 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 66 Greenleaf St. Apt. # 33 | | Amount of Each Disbursement this Period 210.25 |
| City Quincy State MA Zip Code 02169- | REIMBURSEMENT: SEE BELOW OFFICE SUPPLIES | |
| Purpose of Disbursement REIMBURSEMENT: SEE BELOW OFFICE SUPPLIES | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1058.31 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Steadfast Paper Steadfast Paper | | Transaction ID: 60306.E8153 Date of Disbursement 02 / 13 / 2006 |
| Mailing Address PO Box 29 | | Amount of Each Disbursement this Period 210.25 |
| City Mineola | State NY Zip Code 11501- | |
| Purpose of Disbursement J. REYES REIMBURSEMENT FOR ENVELOPES (GE) | | [MEMO ITEM] MEMO: J. REYES REIMBURSEMENT FOR ENVELOPES (GENERAL OFFICE USE) |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Jinara Reyes | | Transaction ID: 60306.E8150 Date of Disbursement 02 / 16 / 2006 |
| Mailing Address 66 Greenleaf St. Apt. # 33 | | Amount of Each Disbursement this Period 200.18 |
| City Quincy | State MA Zip Code 02169- | |
| Purpose of Disbursement REIMBURSEMENT FOR FOOD AND TRAVLE | | REIMBURSEMENT FOR FOOD AND TRAVLE |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Ritz Carlton Hotel | | Transaction ID: 60306.E8121 Date of Disbursement 02 / 09 / 2006 |
| Mailing Address 15 Arlington St. | | Amount of Each Disbursement this Period 8000.00 |
| City Boston | State MA Zip Code 02118- | |
| Purpose of Disbursement CATERING FOR GENERAL EVENT- NON FEA NO | | CATERING FOR GENERAL EVENT- NON FEA NO FEDERAL CANDIDATE |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 8200.18 |
| TOTAL This Period (last page this line number only) | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 62

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

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

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

| | | | |
|---|--|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Steven Roche</p> | | <p>Transaction ID: 60306.E8164 Date of Disbursement 02 / 02 / 2006</p> | |
| <p>Mailing Address 70 Hope Ave. Apt 302</p> | | <p>Amount of Each Disbursement this Period 534.62</p> | |
| <p>City Waltham State MA Zip Code 02453-</p> | <p>Purpose of Disbursement REIMBURSEMENT: SEE BELOW</p> | <p>Category/Type</p> | |
| <p>Candidate Name</p> | <p>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) ▼</p> | | |
| <p>State: District:</p> | <p>REIMBURSEMENT: SEE BELOW</p> | | |

| | | | |
|---|--|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Laz Parking Ltd.</p> | | <p>Transaction ID: 60306.E8166 Date of Disbursement 02 / 02 / 2006</p> | |
| <p>Mailing Address 101 Merrimac Street</p> | | <p>Amount of Each Disbursement this Period 350.00</p> | |
| <p>City Boston State MA Zip Code 02114-</p> | <p>Purpose of Disbursement S. ROCHE REIMBURSEMENT FOR PARKING</p> | <p>Category/Type</p> | |
| <p>Candidate Name</p> | <p>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) ▼</p> | | |
| <p>State: District:</p> | <p>[MEMO ITEM] MEMO: S. ROCHE REIMBURSEMENT FOR PARKING</p> | | |

| | | | |
|--|--|--|--|
| <p>C. Full Name (Last, First, Middle Initial) Sprint/Nextel</p> | | <p>Transaction ID: 60306.E8165 Date of Disbursement 02 / 02 / 2006</p> | |
| <p>Mailing Address PO Box 17990</p> | | <p>Amount of Each Disbursement this Period 147.22</p> | |
| <p>City Denver State CO Zip Code 80217-</p> | <p>Purpose of Disbursement S. ROCHE REIMBURSEMENT FOR CELL PHONE CA</p> | <p>Category/Type</p> | |
| <p>Candidate Name</p> | <p>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) ▼</p> | | |
| <p>State: District:</p> | <p>[MEMO ITEM] MEMO: S. ROCHE REIMBURSEMENT FOR CELL PHONE CALLS</p> | | |

| | |
|---|---------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>534.62</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p></p> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mark Rowe | | Transaction ID: 60306.E8170 Date of Disbursement 02 / 23 / 2006 | |
| Mailing Address 216 W. Plain St. | | Amount of Each Disbursement this Period 480.97 | |
| City Wayland State MA Zip Code 01778- | Purpose of Disbursement REIMBURSEMENT: SEE BELOW | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Verizon- Verizon Internet Ser | | Transaction ID: 60306.E8175 Date of Disbursement 02 / 23 / 2006 | |
| Mailing Address PO Box 101096 | | Amount of Each Disbursement this Period 480.97 | |
| City Atlanta State GA Zip Code 30392- | Purpose of Disbursement M.ROWE REIMBURSEMENT FOR CELL PHONE CALL | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: M.ROWE REIMBURSEMENT FOR CELL PHONE CALLS | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mark Rowe | | Transaction ID: 60306.E8172 Date of Disbursement 02 / 23 / 2006 | |
| Mailing Address 216 W. Plain St. | | Amount of Each Disbursement this Period 493.46 | |
| City Wayland State MA Zip Code 01778- | Purpose of Disbursement REIMBURSEMENT: SEE BELOW | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 974.43 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ccs Circuit City Storel | | Transaction ID: 60306.E8177 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 9950 Mayland Dr. | | Amount of Each Disbursement this Period 493.46 |
| City Richmond State VA Zip Code 23233- | [MEMO ITEM] MEMO: M. ROWE REIMBURSEMENT FOR HOLIDAY GIFTS FOR VOLUNTEERS/ STAFF | |
| Purpose of Disbursement M. ROWE REIMBURSEMENT FOR HOLIDAY GIFTS | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mark Rowe | | Transaction ID: 60306.E8173 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 216 W. Plain St. | | Amount of Each Disbursement this Period 158.72 |
| City Wayland State MA Zip Code 01778- | REIMBURSEMENT OF MEALS FOR VOLUNTEERS | |
| Purpose of Disbursement REIMBURSEMENT OF MEALS FOR VOLUNTEERS | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mark Rowe | | Transaction ID: 60306.E8171 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 216 W. Plain St. | | Amount of Each Disbursement this Period 523.95 |
| City Wayland State MA Zip Code 01778- | REIMBURSEMENT: SEE BELOW | |
| Purpose of Disbursement REIMBURSEMENT: SEE BELOW | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 682.67 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bose Inc. Bose | | Transaction ID: 60306.E8176 Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 1800 California Ave. | | Amount of Each Disbursement this Period 523.95 |
| City Framingham State MA Zip Code 01701- | Purpose of Disbursement M. ROWE REIMBURSEMENT FOR HOLIDAY GIFTS | |
| Candidate Name | | [MEMO ITEM] MEMO: M. ROWE REIMBURSEMENT FOR HOLIDAY GIFTS FOR STAFF |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Mark Rowe | | Transaction ID: 60306.E8169 Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 216 W. Plain St. | | Amount of Each Disbursement this Period 500.00 |
| City Wayland State MA Zip Code 01778- | Purpose of Disbursement REIMBURSEMENT: SEE BELOW | |
| Candidate Name | | REIMBURSEMENT: SEE BELOW |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Monster.com Monster.com | | Transaction ID: 60306.E8174 Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 622 Third Ave. | | Amount of Each Disbursement this Period 500.00 |
| City New York State NY Zip Code 10017- | Purpose of Disbursement M. ROWE REIMBURSEMENT FOR JOB POSTING FOR | |
| Candidate Name | | [MEMO ITEM] MEMO: M. ROWE REIMBURSEMENT FOR JOB POSTING FOR STAFF POSITION. |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 500.00 |
| 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)

PAGE 44 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Mark Rowe | | Transaction ID: 60306.E8167 Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 216 W. Plain St. | | Amount of Each Disbursement this Period 1740.11 |
| City Wayland State MA Zip Code 01778- | Purpose of Disbursement REIMBURSEMENT: SEE BELOW | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Boston Marriott Newton | | Transaction ID: 60306.E8168 Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 2345 Commonwealth Ave. | | Amount of Each Disbursement this Period 1740.11 |
| City Newton State MA Zip Code 02466- | Purpose of Disbursement M. ROWE REIMBURSE FOR STATE COMMITTEE ME | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: M. ROWE REIMBURSE FOR STATE COMMITTEE MEETING- ROOM RENTAL FEE CATERING AND PARKING. |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. SCM Associates | | Transaction ID: 60306.E8107 Date of Disbursement MM / DD / YYYY 02 / 02 / 2006 |
| Mailing Address Steve Meyers PO Box 720 | | Amount of Each Disbursement this Period 17796.43 |
| City Jaffrey State NH Zip Code 03452- | Purpose of Disbursement DIRECT MAILING PROGRAM NON FEA NO FEDE | |
| 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) ▼ | DIRECT MAILING PROGRAM NON FEA NO FEDERAL CANDIDATE |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 19536.54 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. SCM Associates | | Transaction ID: 60306.E8122 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address Steve Meyers PO Box 720 | | Amount of Each Disbursement this Period 10178.83 |
| City Jaffrey State NH Zip Code 03452- | Purpose of Disbursement DIRECT MAILING AND TELEMARKEING NON-FE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DIRECT MAILING AND TELEMARKEING NON-FEA NO FEDERAL CANDIDATE |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. SCM Associates | | Transaction ID: 60320.E8191 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 |
| Mailing Address Steve Meyers PO Box 720 | | Amount of Each Disbursement this Period 8966.80 |
| City Jaffrey State NH Zip Code 03452- | Purpose of Disbursement DIRECT MAILING AND TELEMARKEING NON-FE Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DIRECT MAILING AND TELEMARKEING NON-FEA NO FEDERAL CANDIDATE |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Staples, Inc. | | Transaction ID: 60320.E8192 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 |
| Mailing Address Staples Credit Plan Dept. 80 - 0088936796 | | Amount of Each Disbursement this Period 40.91 |
| City Des Moines State IA Zip Code 50368-9020 | Purpose of Disbursement OFFICE SUPPLIES 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) ▼ | OFFICE SUPPLIES |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 19186.54 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. News Service State House | | Transaction ID: 60306.E8125 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 568 Washington St. Suite 24 | | Amount of Each Disbursement this Period 2246.40 |
| City Wellesley Hills State MA Zip Code 02181- | SUBSCRIPTION | |
| Purpose of Disbursement SUBSCRIPTION | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. The State Room | | Transaction ID: 60306.E8148 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 60 State St. 33rd Fl. | | Amount of Each Disbursement this Period 9000.00 |
| City Boston State MA Zip Code 02109- | EVENT ROOM AND GENERAL CATERING NON-FEA NO FEDERAL CANDIDATE | |
| Purpose of Disbursement EVENT ROOM AND GENERAL CATERING NON-FEA | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. T-Mobile T-Mobile | | Transaction ID: 60306.E8135 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address PO Box 790047 | | Amount of Each Disbursement this Period 518.41 |
| City Saint Louis State MO Zip Code 63179- | PHONE SERVICE GENERAL STAFF (SHARED) PHONES | |
| Purpose of Disbursement PHONE SERVICE GENERAL STAFF (SHARED) PHO | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 11764.81 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. The Amaral Group | | Transaction ID: 60306.E8117 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address 201 Great Rd. Suite #2 | | Amount of Each Disbursement this Period 1455.00 |
| City Acton State MA Zip Code 01720- | IT NETWORK SERVICE | |
| Purpose of Disbursement IT NETWORK SERVICE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. The Amaral Group | | Transaction ID: 60320.E8193 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 |
| Mailing Address 201 Great Rd. Suite #2 | | Amount of Each Disbursement this Period 1120.00 |
| City Acton State MA Zip Code 01720- | NETWORK SUPPORT | |
| Purpose of Disbursement NETWORK SUPPORT | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Verizon | | Transaction ID: 60306.E8120 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address P.O. Box 1 | | Amount of Each Disbursement this Period 817.70 |
| City Worcester State MA Zip Code 01654- | PHONE | |
| Purpose of Disbursement 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) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3392.70 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 48 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|------------------|--|
| Full Name (Last, First, Middle Initial) A. Verizon- Verizon Internet Ser | | Transaction ID: 60306.E8137 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address PO Box 101096 | | Amount of Each Disbursement this Period 767.62 |
| City Atlanta State GA Zip Code 30392- | INTERNET SERVICE | |
| Purpose of Disbursement INTERNET SERVICE Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Christopher Vuk | | Transaction ID: 60306.E8105 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 145 Pearl St. | | Amount of Each Disbursement this Period 1250.00 |
| City Cambridge State MA Zip Code 02139- | MUSICIAN FOR GENERAL PARTY EVENT NON-FEA NO FEDERAL CANDIDATE | |
| Purpose of Disbursement MUSICIAN FOR GENERAL PARTY EVENT NON-FE Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. WI-t Watson Law - Trust | | Transaction ID: 60306.E8108 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6 |
| Mailing Address 140 Great Rd. | | Amount of Each Disbursement this Period 1000.00 |
| City Bedford State MA Zip Code 01730- | LEGAL CONSULTING/ MEETINGS AND SERVICES | |
| Purpose of Disbursement LEGAL CONSULTING/ MEETINGS AND 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) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3017.62 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Westin Waltham | | Transaction ID: 60306.E8138 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 70 Third Ave. | | Amount of Each Disbursement this Period 1692.08 |
| City Waltham State MA Zip Code 02451- | Purpose of Disbursement STATE COMM. GENERAL MEETING-EVENT ROOM A | |
| 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) ▼ | STATE COMM. GENERAL MEETING-EVENT ROOM AND CARTERING |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Robert Willington | | Transaction ID: 60306.E8159 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address 12 Arlington Street | | Amount of Each Disbursement this Period 454.60 |
| City Reading State MA Zip Code 01867- | Purpose of Disbursement REIMBURSEMENT: SEE BELOW | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jet Blue Airlines | | Transaction ID: 60306.E8162 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address P.O. Box 17435 | | Amount of Each Disbursement this Period 150.60 |
| City Salt Lake City State UT Zip Code 84117- | Purpose of Disbursement R. WILLINGTON REIMBURSEMENT FOR TRAVEL | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: R. WILLINGTON REIMBURSEMENT FOR TRAVEL |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2146.68 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 50 / 62

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Republican National Committee | | Transaction ID: 60306.E8161 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address Dwight D. Eisenhower Building 310 First Street, Southeast | | Amount of Each Disbursement this Period 218.00 |
| City Washington State DC Zip Code 20003- | [MEMO ITEM] MEMO: R.WILLINGTON REIMBURSEMENT FOR RNC TRAINING | |
| Purpose of Disbursement R.WILLINGTON REIMBURSEMENT FOR RNC TRAIN | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Robert Willington | | Transaction ID: 60306.E8160 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 12 Arlington Street | | Amount of Each Disbursement this Period 362.40 |
| City Reading State MA Zip Code 01867- | REIMBURSEMENT: SEE BELOW | |
| Purpose of Disbursement REIMBURSEMENT: SEE BELOW | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Republican National Committee | | Transaction ID: 60306.E8163 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address Dwight D. Eisenhower Building 310 First Street, Southeast | | Amount of Each Disbursement this Period 218.00 |
| City Washington State DC Zip Code 20003- | [MEMO ITEM] MEMO: R. WILLINGTON REIMBURSEMENT FOR LODGING FOR RNC TRAINING | |
| Purpose of Disbursement R. WILLINGTON REIMBURSEMENT FOR 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: | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 362.40 |
| 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 |

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Matthew Wylie | | Transaction ID: 60306.E8155 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address 169 Monsignor OBrien Highway #705 | | Amount of Each Disbursement this Period 582.62 |
| City Cambridge State MA Zip Code 02141- | Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Jet Blue Airlines | | Transaction ID: 60306.E8156 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address P.O. Box 17435 | | Amount of Each Disbursement this Period 261.20 |
| City Salt Lake City State UT Zip Code 84117- | Purpose of Disbursement M.WYLIE REIMBURSEMENT OF TRAVEL Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: M.WYLIE REIMBURSEMENT OF TRAVEL |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Verizon Verizon Wireless | | Transaction ID: 60306.E8158 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 5029 | | Amount of Each Disbursement this Period 158.42 |
| City Wallingford State CT Zip Code 06492- | Purpose of Disbursement M. WYLIE REIMBURSEMENT OF CELL PHONE CAL 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) ▼ | [MEMO ITEM] MEMO: M. WYLIE REIMBURSEMENT OF CELL PHONE CALLS |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 582.62 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Matthew Wylie | | Transaction ID: 60306.E8154 Date of Disbursement 02 / 16 / 2006 |
| Mailing Address 169 Monsignor OBrien Highway #705 | | Amount of Each Disbursement this Period 504.47 |
| City Cambridge State MA Zip Code 02141- | Purpose of Disbursement REIMBURSEMENT: SEE BELOW | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT: SEE BELOW |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Jet Blue Airlines | | Transaction ID: 60306.E8157 Date of Disbursement 02 / 16 / 2006 |
| Mailing Address P.O. Box 17435 | | Amount of Each Disbursement this Period 285.60 |
| City Salt Lake City State UT Zip Code 84117- | Purpose of Disbursement M. WYLIE REIMBURSEMENT OF TRAVEL | |
| Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: M. WYLIE REIMBURSEMENT OF TRAVEL |

SUBTOTAL of Disbursements This Page (optional) ►

504.47

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

138082.47

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)

PAGE 53 / 62

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

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

Full Name (Last, First, Middle Initial)

A. Mass Republican State Committee

Mailing Address 85 Merrimac Street
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement
TRANS. D. BARLOW EXCESS CONTRIBUTION TO

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60306.E8103

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

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 54 / 62

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

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

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

| | | |
|--|--|--|
| A. Brandon Barber Full Name (Last, First, Middle Initial) Mailing Address 106 Kendall Pond Rd. City Windham State NH Zip Code 03087- | | Transaction ID: 60216.E8076 Date of Disbursement 02 / 09 / 2006 |
| Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Amount of Each Disbursement this Period 1022.44 PAYROLL |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|--|
| B. Brandon Barber Full Name (Last, First, Middle Initial) Mailing Address 106 Kendall Pond Rd. City Windham State NH Zip Code 03087- | | Transaction ID: 60306.E8090 Date of Disbursement 02 / 23 / 2006 |
| Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Amount of Each Disbursement this Period 1022.44 PAYROLL |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|--|
| C. Paul Craney Full Name (Last, First, Middle Initial) Mailing Address 177 Cambridge Ave City Fair Haven State NJ Zip Code 07704- | | Transaction ID: 60216.E8077 Date of Disbursement 02 / 09 / 2006 |
| Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Amount of Each Disbursement this Period 1080.10 PAYROLL |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3124.98 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 62

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

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

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Paul Craney | | Transaction ID: 60306.E8091 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 177 Cambridge Ave | | Amount of Each Disbursement this Period 1080.10 |
| City Fair Haven State NJ Zip Code 07704- | PAYROLL | |
| Purpose of Disbursement PAYROLL | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Brandon Finn | | Transaction ID: 60216.E8078 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address 163 Belmont St. Apt.1 | | Amount of Each Disbursement this Period 1016.65 |
| City Belmont State MA Zip Code 02478- | PAYROLL | |
| Purpose of Disbursement PAYROLL | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Brandon Finn | | Transaction ID: 60306.E8092 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 163 Belmont St. Apt.1 | | Amount of Each Disbursement this Period 1016.65 |
| City Belmont State MA Zip Code 02478- | PAYROLL | |
| Purpose of Disbursement PAYROLL | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3113.40 |
| 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)

PAGE 56 / 62

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

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

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

| | | |
|--|--|---|
| A. Ladd Moore Full Name (Last, First, Middle Initial) Mailing Address 51 Phillips St. Apt. # 1 City Boston State MA Zip Code 02114- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60216.E8079 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 967.04 Category/Type PAYROLL |
|--|--|---|

| | | |
|--|--|---|
| B. Ladd Moore Full Name (Last, First, Middle Initial) Mailing Address 51 Phillips St. Apt. # 1 City Boston State MA Zip Code 02114- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60306.E8093 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 967.04 Category/Type PAYROLL |
|--|--|---|

| | | |
|--|--|--|
| C. Jinara Reyes Full Name (Last, First, Middle Initial) Mailing Address 66 Greenleaf St. Apt. # 33 City Quincy State MA Zip Code 02169- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60216.E8080 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 1323.34 Category/Type PAYROLL |
|--|--|--|

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3257.42 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 62

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

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

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

| | | |
|--|--|---|
| A. Jinara Reyes Full Name (Last, First, Middle Initial) Mailing Address 66 Greenleaf St. Apt. # 33 City Quincy State MA Zip Code 02169- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60306.E8094 Date of Disbursement 02 / 23 / 2006 Amount of Each Disbursement this Period 1323.34 PAYROLL |
|--|--|---|

| | | |
|--|--|---|
| B. Steven Roche Full Name (Last, First, Middle Initial) Mailing Address 70 Hope Ave. Apt 302 City Waltham State MA Zip Code 02453- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60216.E8082 Date of Disbursement 02 / 09 / 2006 Amount of Each Disbursement this Period 2739.53 PAYROLL |
|--|--|---|

| | | |
|--|--|---|
| C. Steven Roche Full Name (Last, First, Middle Initial) Mailing Address 70 Hope Ave. Apt 302 City Waltham State MA Zip Code 02453- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60306.E8095 Date of Disbursement 02 / 23 / 2006 Amount of Each Disbursement this Period 2739.53 PAYROLL |
|--|--|---|

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6802.40 |
| TOTAL This Period (last page this line number only) ▶ | (Empty field) |

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 58 / 62

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

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

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Mark Rowe | | Transaction ID: 60216.E8083 Date of Disbursement MM / DD / YYYY 02 / 09 / 2006 |
| Mailing Address 216 W. Plain St. | | Amount of Each Disbursement this Period 1206.39 |
| City Wayland | State MA | |
| Zip Code 01778- | Category/ Type | |
| Purpose of Disbursement PAYROLL | | |
| Candidate Name | | PAYROLL |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Mark Rowe | | Transaction ID: 60306.E8096 Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 216 W. Plain St. | | Amount of Each Disbursement this Period 746.00 |
| City Wayland | State MA | |
| Zip Code 01778- | Category/ Type | |
| Purpose of Disbursement PAYROLL | | |
| Candidate Name | | PAYROLL |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Priscilla Ruzzo | | Transaction ID: 60216.E8084 Date of Disbursement MM / DD / YYYY 02 / 09 / 2006 |
| Mailing Address 85 Overlook Road | | Amount of Each Disbursement this Period 1666.78 |
| City Boston | State MA | |
| Zip Code 02132- | Category/ Type | |
| Purpose of Disbursement PAYROLL | | |
| Candidate Name | | PAYROLL |
| 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) ▶ | 3619.17 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 62

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

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

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

| | | |
|--|---------|--|
| A. Full Name (Last, First, Middle Initial) Priscilla Ruzzo | | Transaction ID: 60306.E8097 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 85 Overlook Road | | Amount of Each Disbursement this Period 1666.78 |
| City Boston State MA Zip Code 02132- | PAYROLL | |
| 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) Ensieh Sarrami | | Transaction ID: 60216.E8085 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address 9214 Inglewood Dr. | | Amount of Each Disbursement this Period 967.03 |
| City Potomac State MD Zip Code 20854- | PAYROLL | |
| Purpose of Disbursement PAYROLL | | 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) Ensieh Sarrami | | Transaction ID: 60306.E8098 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 9214 Inglewood Dr. | | Amount of Each Disbursement this Period 967.03 |
| City Potomac State MD Zip Code 20854- | PAYROLL | |
| Purpose of Disbursement PAYROLL | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3600.84 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 62

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

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

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Robert Willington | | Transaction ID: 60216.E8086 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address 12 Arlington Street | | Amount of Each Disbursement this Period 1231.44 |
| City Reading State MA Zip Code 01867- | PAYROLL | |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Robert Willington | | Transaction ID: 60306.E8099 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 |
| Mailing Address 12 Arlington Street | | Amount of Each Disbursement this Period 1231.44 |
| City Reading State MA Zip Code 01867- | PAYROLL | |
| Purpose of Disbursement PAYROLL | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Matthew Wylie | | Transaction ID: 60216.E8087 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 |
| Mailing Address 169 Monsignor OBrien Highway #705 | | Amount of Each Disbursement this Period 2561.81 |
| City Cambridge State MA Zip Code 02141- | PAYROLL | |
| 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) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5024.69 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 62

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

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

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

Full Name (Last, First, Middle Initial)

A. Matthew Wylie

Mailing Address 169 Monsignor OBrien Highway
#705

City Cambridge State MA Zip Code 02141-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60306.E8100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Image# 26920032929

Form/Schedule: **F3XN**

Transaction ID: **C00042622**

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED ANY FEDERAL CANDIDATE.
NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY IS REQUIRED TO BE REPORTED ON
SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent a letter within 30 days asking
for employer-occupation if one was not provided.
