

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 07 2006 in the State of MA

5. Covering Period 10 19 2006 through 11 27 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 05 22 2009

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

Office Use Only table with 8 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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		90494.34
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	88992.89									
(c) Total Receipts (from Line 19)	117775.02	2347509.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	206767.91	2438003.86								
7. Total Disbursements (from Line 31)	148257.60	2379493.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58510.31	58510.31								
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)	32881.02									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	105225.00	2000850.00
(i) Itemized (use Schedule A)	7106.45	206019.94
(ii) Unitemized	112331.45	2206869.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	108450.00
(c) Other Political Committees (such as PACs)	117331.45	2315319.94
(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)	443.57	5910.38
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	26279.20
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))	117775.02	2347509.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	117775.02	2347509.52

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.....	88031.06	1547174.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	88031.06	1547174.96
22. Transfers to Affiliated/Other Party Committees.....	7500.00	415550.00
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	52726.54	416768.59
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	52726.54	416768.59
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	148257.60	2379493.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	148257.60	2379493.55

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)	117331.45	2315319.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	117331.45	2315319.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	88031.06	1547174.96
37. Offsets to Operating Expenditures (from Line 15, page 3)	443.57	5910.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)	87587.49	1541264.58

Form/Schedule : **F3XA**

Transaction ID :

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 79
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
William Adams Jr.

Mailing Address PO BOX 550

City State Zip Code
North Easton MA 02356

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ACS Systems Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 30 / 2006

Transaction ID: 61205.C162576

Amount of Each Receipt this Period 500.00

Receipt

B.

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

Mailing Address 14 Meredith Street

City State Zip Code
Boston MA 02132

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
11 / 01 / 2006

Transaction ID: 61205.C162736

Amount of Each Receipt this Period 250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Phil Albert

Mailing Address 53 Potato Rd

City State Zip Code
Westminster MA 01473

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 30 / 2006

Transaction ID: 61205.C162578

Amount of Each Receipt this Period 1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) 1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 360 Indian Harbor Rd.
DO NOT MAIL

City State Zip Code
Vero Beach FL 32963

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 61205.C162735

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Cheryl Benton

Mailing Address 18 Bypass Road

City State Zip Code
Lincoln MA 01773

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C162585

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Harvey Bines

Mailing Address 36 Clarke St

City State Zip Code
Lexington MA 02421

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

Name of Employer Sullivan & Worcester Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61019.C162495

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **4000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Evelyn Brannen		Date of Receipt
	Mailing Address 186 Linden St Apt B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 1 / 2 0 0 6
	City	State	Zip Code
	Needham	MA	02492
	FEC ID number of contributing federal political committee. C		Transaction ID: 61205.C162738
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 200.00	Receipt

B.	Full Name (Last, First, Middle Initial) Edgar Bristol		Date of Receipt
	Mailing Address 28 Union St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 0 / 2 0 0 6
	City	State	Zip Code
	Foxborough	MA	02035
	FEC ID number of contributing federal political committee. C		Transaction ID: 61205.C162601
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 300.00	Receipt

C.	Full Name (Last, First, Middle Initial) Paul Buonopane		Date of Receipt
	Mailing Address 262 Lincoln Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 0 / 2 0 0 6
	City	State	Zip Code
	Lincoln	MA	01773
	FEC ID number of contributing federal political committee. C		Transaction ID: 61205.C162603
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 200.00	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 79

(check only one)

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

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

A.

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

Mailing Address 1 Tucks Point Road

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) ▼ 3500.00

Date of Receipt

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

Transaction ID: 61205.C162754

Amount of Each Receipt this Period

1500.00

Receipt

B.

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

Mailing Address 80 First Street

City State Zip Code
Bridgewater MA 02324

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

Name of Employer Occupation
Information Requested Attorney

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: 61205.C162715

Amount of Each Receipt this Period

2500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Maria Carvalho

Mailing Address 90 Annie Moore Road

City State Zip Code
Bolton MA 01740

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

Name of Employer Occupation
Entwistle Panel wiper

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: 61205.C162682

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

4100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Anthony Cassano

Mailing Address 3 Magnolia Drive

City State Zip Code
Lynnfield MA 01940

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C162581

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Theodore Charles

Mailing Address 65 Eastern Point Blvd.

City State Zip Code
Gloucester MA 01930

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

Name of Employer Investors Capital Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6100.00

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

Transaction ID: 61205.C162782

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Andrew Chesterton

Mailing Address 22 Mount Pleasant Street

City State Zip Code
Winchester MA 01890-3043

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

Name of Employer AW Chesterton Company Occupation VP and CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C162638

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Fannye Coley		Date of Receipt	
	Mailing Address 32 Thornton St.		M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: 61205.C162647
	Boston	MA	02119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Information Requested		Occupation Information Requested		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		200.00		

B.	Full Name (Last, First, Middle Initial) Kevin Conn		Date of Receipt	
	Mailing Address 230 MT. Vernon Street		M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: 61205.C162572
	Newton	MA	02465	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Information Requested		Occupation Information Requested		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

C.	Full Name (Last, First, Middle Initial) Stephen J. Connolly		Date of Receipt	
	Mailing Address 152 Conant Street		M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: 61020.C162507
	Beverly	MA	01915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer Information Requested		Occupation Information Requested		Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		10000.00		

SUBTOTAL of Receipts This Page (optional)	▶	5600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 79
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Jon Cook

Mailing Address 15 Angela Way

City State Zip Code
Barnstable MA 02668

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 03 / 2006
Transaction ID: 61205.C162748
Amount of Each Receipt this Period: 50.00
Receipt

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

Mailing Address 97 Whitmar Road

City State Zip Code
Barnstable MA 02635

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

Name of Employer Rubin & Rudman Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 31 / 2006
Transaction ID: 61205.C162714
Amount of Each Receipt this Period: 2500.00
Receipt

C. Full Name (Last, First, Middle Initial)
James Cummings

Mailing Address 16 Popple Grove Road

City State Zip Code
Harwich MA 02645

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 ▼ 300.00

Date of Receipt: 10 / 19 / 2006
Transaction ID: 61019.C162499
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 2650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donna Deprisco

Mailing Address 160 Commonwealth Ave
#421

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
Deprisco Jewelers Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2006

Transaction ID: 61205.C162812

Amount of Each Receipt this Period
450.00

In-Kind
trophy/ award for reception

B.

Full Name (Last, First, Middle Initial)
Christopher Devany

Mailing Address 71 Moore Road

City State Zip Code
Wayland MA 01778-1430

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

Name of Employer Occupation
Pinnacle Consulting Group Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 61019.C162503

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Allison Drescher

Mailing Address 840 Summer Street

City State Zip Code
Boston MA 02127

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

Name of Employer Occupation
Carriage House Productions Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2006

Transaction ID: 61205.C162575

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶

2450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
David Elliott

Mailing Address 231 Beacon St.

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
Self Employed Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C162602

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 344A Boylston Street

City State Zip Code
Newton MA 02459

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C162676

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 5 Devonshires Court

City State Zip Code
Blue Bell PA 19422

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 61020.C162508

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert Goldbaum

Mailing Address 1 Gussett Rd

City State Zip Code
Wenham MA 01984-1721

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

Name of Employer Occupation
Simpson, Thatcher & Bartlett Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 12500.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2006

Transaction ID: 61205.C162586

Amount of Each Receipt this Period
-2500.00

Memo
[MEMO ITEM]
transfer excess contrib.
from fed to non fed

B. Full Name (Last, First, Middle Initial)
Frank Grimaldi

Mailing Address 55 Worcester Street

City State Zip Code
Belmont MA 02478

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: 61205.C162726

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Frederick Hafer

Mailing Address 1010 Waltham Street
Apt. H291

City State Zip Code
Lexington MA 02421

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) ▼ 275.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 61019.C162478

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Thomas Healey

Mailing Address 1 Grove Street

City State Zip Code
Beverly MA 01915

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

Name of Employer Occupation
Merrill Lynch VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61205.C162733

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jean Inman

Mailing Address PO Box 735

City State Zip Code
Stoughton MA 02072

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

Name of Employer Occupation
NECNE Educator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C162573

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Stephen Ivanoski

Mailing Address 4 Dew Lane

City State Zip Code
Canton MA 02021

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61205.C162753

Amount of Each Receipt this Period
250.00

Receipt

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ernest Jacquet

Mailing Address 98 1/2 Foster St

City State Zip Code
Cambridge MA 02138-4825

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

Name of Employer Occupation
Parthenon Capital Venture Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: 61205.C162769

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dorothy Jenney

Mailing Address 70 Landfall St.
DO NOT MAIL - DUP

City State Zip Code
Falmouth MA 02540

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 61020.C162510

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jose Jorge

Mailing Address 118 Inman Street
Apt.1

City State Zip Code
Cambridge MA 02139

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61205.C162721

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **5300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Tina Kasimer

Mailing Address 5 Niantic Rd

City State Zip Code
Sharon MA 02067

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: 61205.C162734

Amount of Each Receipt this Period
100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Kurt Keilhacker

Mailing Address 14510 Big Basin Way, Suite A

City State Zip Code
Saratoga CA 95070-6091

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

Name of Employer Occupation
Techfund Managing Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
10 / 24 / 2006

Transaction ID: 61026.C162563

Amount of Each Receipt this Period
10000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Gloria Kinney

Mailing Address 202 Waltham St

City State Zip Code
Lexington MA 02421

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2006

Transaction ID: 61205.C162609

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 10150.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address One Brattle Square

City State Zip Code
Cambridge MA 02238

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

Name of Employer Tsoi/Kobus and Associates Occupation Architect

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61019.C162501

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Henry Kulik

Mailing Address 100 Edman Way
Suite S-100

City State Zip Code
Leominster MA 01453

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

Name of Employer Henry Kulik Jr CPA LLC Occupation CPA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61205.C162732

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kenneth Kumph

Mailing Address 35 Nelson Street

City State Zip Code
Georgetown MA 01833

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

Name of Employer premier builders Occupation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 15000.00

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

Transaction ID: 61205.C162755

Amount of Each Receipt this Period
-5000.00

Memo

[MEMO ITEM]
transfer excess contrib
from fed to non fed accou-
nt

SUBTOTAL of Receipts This Page (optional) ► **5250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David Leary

Mailing Address 623 Route 6A

City State Zip Code
Sandwich MA 02537

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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 61019.C162504

Amount of Each Receipt this Period
50.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Merrill Mack

Mailing Address 24 Terrace Rd.

City State Zip Code
Weston MA 02493

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

Name of Employer Liberty Mutual Occupation Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61205.C162775

Amount of Each Receipt this Period
300.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Robert Maginn

Mailing Address 90 Raymond Street

City State Zip Code
Cambridge MA 02140

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

Name of Employer Jenzabar Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2006

Transaction ID: 61205.C162679

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 79
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Christopher Meehan

Mailing Address 51 Bogle Street

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
ScooterBug Business owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61205.C162724

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
James Mooney

Mailing Address 220 Boylston Street

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C162639

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Jeffrey Murphy

Mailing Address 203 Woodland Mead

City State Zip Code
Hamilton MA 01982

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

Name of Employer Occupation
AMG Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C162631

Amount of Each Receipt this Period
10000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 10600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City State Zip Code
Boston MA 02129

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

Name of Employer Occupation
Mass. Republican Party Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: 61205.C162737

Amount of Each Receipt this Period
150.00

Receipt

B.

Full Name (Last, First, Middle Initial)
David Parker

Mailing Address 72 Maple Street

City State Zip Code
South Hamilton MA 01982

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

Name of Employer Occupation
Davio C. Parker, Inc Painting Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2006

Transaction ID: 61205.C162793

Amount of Each Receipt this Period
500.00

Receipt

C.

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

Mailing Address 5 Twin Brooks Road

City State Zip Code
Salisbury MA 01952

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2006

Transaction ID: 61205.C162792

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 79
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Marion Phillips

Mailing Address 20 Longwood Dr
Apt 374

City State Zip Code
Westwood MA 02090

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 Y
1 1 / 0 9 / 2 0 0 6

Transaction ID: 61205.C162790

Amount of Each Receipt this Period
100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Marion Phillips

Mailing Address 20 Longwood Dr
Apt 374

City State Zip Code
Westwood MA 02090

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 ▼ 1100.00

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

Transaction ID: 61205.C162815

Amount of Each Receipt this Period
100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Jessica Pineo

Mailing Address 208 Lexington Street
DO NOT MAIL

City State Zip Code
Boston MA 02128

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C162582

Amount of Each Receipt this Period
10000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 10200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert Polonsky

Mailing Address 10 Cornerstone Dr.

City Easton State MA Zip Code 02356

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2006

Transaction ID: 61205.C162574

Amount of Each Receipt this Period: 1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Michael Porter

Mailing Address 44 Green Hill Rd.

City Brookline State MA Zip Code 02445

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

Name of Employer Harvard Business School Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 30 / 2006

Transaction ID: 61205.C162584

Amount of Each Receipt this Period: 5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Donna Reardon

Mailing Address 71 Pitcairn Street

City Revere State MA Zip Code 02151

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

Name of Employer MS Transp. Systems Inc. Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 30 / 2006

Transaction ID: 61205.C162579

Amount of Each Receipt this Period: 500.00

Receipt

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Victor Rifkin
 Mailing Address 595 Grove Street
 City State Zip Code
 Newton MA 02162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt: 10 / 30 / 2006
Transaction ID: 61205.C162637
 Amount of Each Receipt this Period: 500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Richard Warren Russell
 Mailing Address PO Box 638
 City State Zip Code
 Dover MA 02030
 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 ▼ 400.00
 Date of Receipt: 10 / 30 / 2006
Transaction ID: 61205.C162677
 Amount of Each Receipt this Period: 400.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Jonathan Sandler
 Mailing Address 5 Black Oak Road
 City State Zip Code
 Wayland MA 01778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Kessler Financial Services CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt: 10 / 31 / 2006
Transaction ID: 61205.C162723
 Amount of Each Receipt this Period: 2500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 3400.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 27 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William Scully

Mailing Address PO Box 967

City State Zip Code
Framingham MA 01701

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

Name of Employer Occupation
MS Transportation Systems transportation/ civil engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C162570

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 11 Howe Street

City State Zip Code
Watertown MA 02472

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

Name of Employer Occupation
Improper Publications Inc. Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C162577

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Thaddeus Siemasko

Mailing Address 126 Dodge Street

City State Zip Code
Beverly MA 01915

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

Name of Employer Occupation
Siemasko & Verbridge Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

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

Transaction ID: 61205.C162810

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5600.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert Spence
 Mailing Address 83 E. Water Street - PO Box C
 City State Zip Code
 Rockland MA 02370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Albert Culver Company Owner
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6
Transaction ID: 61205.C162604
 Amount of Each Receipt this Period
 100.00
 Receipt

B. Full Name (Last, First, Middle Initial)
John Stimpson
 Mailing Address 331 Mirick Road
 City State Zip Code
 Princeton MA 01541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 6
Transaction ID: 61205.C162580
 Amount of Each Receipt this Period
 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Matthew Straight
 Mailing Address 520 Main St
 City State Zip Code
 Fitchburg MA 01420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RE Developer Self employed
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 6
Transaction ID: 61019.C162494
 Amount of Each Receipt this Period
 500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 1100.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 29 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mimi Sundstrom
Mailing Address 66 Allerton Rd.
City Milton State MA Zip Code 02186
FEC ID number of contributing federal political committee. **C**
Name of Employer Student Occupation Student
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 10 / 20 / 2006
Transaction ID: 61020.C162509
Amount of Each Receipt this Period 125.00
Receipt

B. Full Name (Last, First, Middle Initial)
Raymond Timmons
Mailing Address 118 Driftwood Lane
City Yarmouth State MA Zip Code 02664
FEC ID number of contributing federal political committee. **C**
Name of Employer GTR Manufacturing Corp. Occupation Business owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00
Date of Receipt 10 / 30 / 2006
Transaction ID: 61205.C162605
Amount of Each Receipt this Period 100.00
Receipt

C. Full Name (Last, First, Middle Initial)
Raymond Tye
Mailing Address 175 Campanelli Drive
City Braintree State MA Zip Code 02184
FEC ID number of contributing federal political committee. **C**
Name of Employer United Liquors, Ltd. Occupation Chairman of the Board of Direc
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00
Date of Receipt 10 / 24 / 2006
Transaction ID: 61026.C162561
Amount of Each Receipt this Period 5000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 5225.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 79
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Penny Valentine

Mailing Address 15 Kress Farm Road

City State Zip Code
Hingham MA 02043

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61020.C162506

Amount of Each Receipt this Period
500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Jean Verbridge

Mailing Address 12 Gallison Ave

City State Zip Code
Marblehead MA 01945

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

Name of Employer Information Requested Occupation Information Requested
Siemasko & Verbridge Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2006

Transaction ID: 61205.C162674

Amount of Each Receipt this Period
5000.00

Receipt

C.

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

Mailing Address 47 Fresh Pond Ln.

City State Zip Code
Cambridge MA 02138

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

Name of Employer Information Requested Occupation Information Requested
Romney for President Policy Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 61019.C162477

Amount of Each Receipt this Period
150.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5650.00**

TOTAL This Period (last page this line number only) ▶ **105225.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Greenberg Traurig Pac

Mailing Address 1221 Brickell Ave

City State Zip Code
Miami FL 33131

FEC ID number of contributing federal political committee. **C** C00266585

Name of Employer Occupation
Fed ID C00266585

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 61026.C162562

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)	▶	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 79
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Communication, Inc. Majority		Date of Receipt
	Mailing Address 274 Marconi Blvd. Suite 260		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Columbus	OH	43215-
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 61205.C162780
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="202.35"/>
		<input type="text" value="202.35"/>	Offsets to Operating Expenditure
			Note: refund for excess payment on previous mailing from 10/22

B.	Full Name (Last, First, Middle Initial) Communication, Inc. Majority		Date of Receipt
	Mailing Address 274 Marconi Blvd. Suite 260		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Columbus	OH	43215-
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 61205.C162811
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="18.00"/>
		<input type="text" value="220.35"/>	Offsets to Operating Expenditure
			Note: refund for over payment

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="220.35"/>
TOTAL This Period (last page this line number only)	<input type="text" value="220.35"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) SCM Associates Mailing Address Steve Meyers 1283 Main Street City Dublin State NH Zip Code 03444- Purpose of Disbursement Direct Mail and Telemarketing non fea no fed candidate 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: 61205.E9333 Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 6571.02 DIRECT MAIL AND TELEMARKETING NON FEA NO FED CANDIDATE
	Category/Type

B. Full Name (Last, First, Middle Initial) SCM Associates Mailing Address Steve Meyers 1283 Main Street City Dublin State NH Zip Code 03444- Purpose of Disbursement Direct Mail and Telemarketing non fea no fed candidate 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: 61205.E9349 Date of Disbursement 10 / 26 / 2006 Amount of Each Disbursement this Period 5344.94 DIRECT MAIL AND TELEMARKETING NON FEA NO FED CANDIDATE
	Category/Type

C. Full Name (Last, First, Middle Initial) Affiliated Managers Group Inc. Mailing Address 600 Hale St. City Beverly State MA Zip Code 01965- Purpose of Disbursement Administration Services Non-FEA no federal candidate 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: 61205.E9343 Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 802.50 ADMINISTRATION SERVICES NON-FEA NO FEDERAL CANDIDATE
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	12718.46
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rhonda Avola	Transaction ID: 61205.E9334 Date of Disbursement 10 / 19 / 2006
	Mailing Address 306 Main St. Unit 10	Amount of Each Disbursement this Period 957.00
	City Melrose State MA Zip Code 02176-	
	Purpose of Disbursement Administration Services Non-FEA no federal candidate	ADMINISTRATION SERVICES NON-FEA NO FEDERAL CANDID- ATE
	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) Rhonda Avola	Transaction ID: 61205.E9447 Date of Disbursement 11 / 16 / 2006
	Mailing Address 306 Main St. Unit 10	Amount of Each Disbursement this Period 1056.00
	City Melrose State MA Zip Code 02176-	
	Purpose of Disbursement Administration Services Non-FEA no federal candidate	ADMINISTRATION SERVICES NON-FEA NO FEDERAL CANDID- ATE
	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) Brandon Barber	Transaction ID: 61205.E9325 Date of Disbursement 10 / 23 / 2006
	Mailing Address 106 Kendall Pond Rd.	Amount of Each Disbursement this Period 245.53
	City Windham State NH Zip Code 03087-	
	Purpose of Disbursement B.Barbers Reimbursement for Personal car usage	B.BARBERS REIMBURSEMENT FOR PERSONAL CAR USAGE
	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)	2258.53
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Brandon Barber	Transaction ID: 61205.E9440 Date of Disbursement 11 / 16 / 2006
	Mailing Address 106 Kendall Pond Rd.	Amount of Each Disbursement this Period 326.40
	City Windham State NH Zip Code 03087-	
	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

B.	Full Name (Last, First, Middle Initial) Brandon Barber	Transaction ID: 61205.E9441 Date of Disbursement 11 / 16 / 2006
	Mailing Address 106 Kendall Pond Rd.	Amount of Each Disbursement this Period 326.40
	City Windham State NH Zip Code 03087-	
	Purpose of Disbursement B.Barber reimbursement for personal car use mileage 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: B.BARBER REIMBURSEM- ENT FOR PERSONAL CAR USE MILEAGE

C.	Full Name (Last, First, Middle Initial) Maeve Bowman	Transaction ID: 61205.E9338 Date of Disbursement 10 / 19 / 2006
	Mailing Address 404 Commercial St. Apt 2	Amount of Each Disbursement this Period 107.25
	City Boston State MA Zip Code 02109-	
	Purpose of Disbursement Administration Services Non-FEA no federal candidate 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) ▼
		ADMINISTRATION SERVICES NON-FEA NO FEDERAL CANDID- ATE

SUBTOTAL of Disbursements This Page (optional)	▶	433.65
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)

<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) Maeve Bowman</p> <p>Mailing Address 404 Commercial St. Apt 2</p> <p>City Boston State MA Zip Code 02109-</p> <p>Purpose of Disbursement Administration Services Non-FEA no federal candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9444</p> <p>Date of Disbursement 11 / 16 / 2006</p> <p>Amount of Each Disbursement this Period 231.00</p> <p>ADMINISTRATION SERVICES NON-FEA NO FEDERAL CANDIDATE</p>
<p>B. Full Name (Last, First, Middle Initial) Abby Brack Photography</p> <p>Mailing Address 19 Sheafe St.</p> <p>City Boston State MA Zip Code 02113-</p> <p>Purpose of Disbursement Photography for party event Non-FEA no federal candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9386</p> <p>Date of Disbursement 11 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 315.00</p> <p>PHOTOGRAPHY FOR PARTY EVENT NON-FEA NO FEDERAL CANDIDATE</p>
<p>C. Full Name (Last, First, Middle Initial) Cambridge Offset Printing</p> <p>Mailing Address 56 Creighton Street</p> <p>City Cambridge State MA Zip Code 02140-</p> <p>Purpose of Disbursement general printing non-fea no federal candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9342</p> <p>Date of Disbursement 10 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 5300.57</p> <p>GENERAL PRINTING NON-FEA NO FEDERAL CANDIDATE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5846.57

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 61205.E9353 Date of Disbursement 10 / 30 / 2006
	Mailing Address 39 Old Colony Ave.	Amount of Each Disbursement this Period 289.12
	City Boston State MA Zip Code 02127-	
	Purpose of Disbursement Storage	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) ▼	STORAGE
	State: District:	

B.	Full Name (Last, First, Middle Initial) Conference Call Conference Call.	Transaction ID: 61205.E9341 Date of Disbursement 10 / 19 / 2006
	Mailing Address 1445 MacArthur Dr. Suite 214	Amount of Each Disbursement this Period 290.87
	City Carrollton State TX Zip Code 75007-	
	Purpose of Disbursement Conference Call	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) ▼	CONFERENCE CALL
	State: District:	

C.	Full Name (Last, First, Middle Initial) CPMA, Inc.	Transaction ID: 61205.E9340 Date of Disbursement 10 / 19 / 2006
	Mailing Address 84 Prescott St. Suite 21	Amount of Each Disbursement this Period 5000.00
	City Cambridge State MA Zip Code 02138-	
	Purpose of Disbursement Political Consulting non-FEA Political Consulting advice	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) ▼	POLITICAL CONSULTING NON-FEA POLITICAL CONSULTING ADVICE
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5579.99
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Crowne Plaza Natick	Transaction ID: 61205.E9392 Date of Disbursement 11 / 06 / 2006
	Mailing Address 1360 Worcester Rd.	Amount of Each Disbursement this Period 1456.01
	City Natick State MA Zip Code 01760-	
	Purpose of Disbursement Room Rental for meeting non-fea no fed candidates	
	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) ▼
		ROOM RENTAL FOR MEETING NON-FEA NO FED CANDIDATES

B.	Full Name (Last, First, Middle Initial) Hui Jojo Deng	Transaction ID: 61205.E9367 Date of Disbursement 11 / 02 / 2006
	Mailing Address 117 Beaconsfield Road	Amount of Each Disbursement this Period 957.00
	City Brookline State MA Zip Code 02445-	
	Purpose of Disbursement Accounting Service- general accounting non-fea	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ACCOUNTING SERVICE- GENER- AL ACCOUNTING NON-FEA

C.	Full Name (Last, First, Middle Initial) Donna Deprisco	Transaction ID: 61205.C162812IK Date of Disbursement 11 / 27 / 2006
	Mailing Address 160 Commonwealth Ave #421	Amount of Each Disbursement this Period 450.00
	City Boston State MA Zip Code 02116-	
	Purpose of Disbursement trophy/ award for reception	
	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) ▼
		IN KIND: TROPHY/ AWARD FOR RECEPTION

SUBTOTAL of Disbursements This Page (optional)	▶	2863.01
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Brian Dodge	Transaction ID: 61205.E9432 Date of Disbursement 11 / 09 / 2006
	Mailing Address 10 Parker Road	Amount of Each Disbursement this Period 228.90
	City Groveland State MA Zip Code 01834-	
	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

B.	Full Name (Last, First, Middle Initial) Boston Beer Work	Transaction ID: 61205.E9433 Date of Disbursement 11 / 09 / 2006
	Mailing Address 112 Canal St.	Amount of Each Disbursement this Period 113.45
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement B.Dodge reimbursement for Meal 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: B.DODGE REIMBURSEMENT FOR MEAL

C.	Full Name (Last, First, Middle Initial) ENIlsson ENIlsson	Transaction ID: 61205.E9339 Date of Disbursement 10 / 19 / 2006
	Mailing Address 6 Depot Street	Amount of Each Disbursement this Period 4577.00
	City Westford State MA Zip Code 01886-	
	Purpose of Disbursement Webhosting 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) ▼
		WEBHOSTING

SUBTOTAL of Disbursements This Page (optional)	▶	4805.90
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)</p> <p>Mailing Address PO Box 371461</p> <p>City Pittsburgh State PA Zip Code 15250-</p> <p>Purpose of Disbursement Express Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9346</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="114.76"/></p> <p>EXPRESS MAIL</p>
<p>B. Full Name (Last, First, Middle Initial) Fleet Bank</p> <p>Mailing Address 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Bank service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9399</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.00"/></p> <p>BANK SERVICE CHARGE</p>
<p>C. Full Name (Last, First, Middle Initial) Fleet Bank</p> <p>Mailing Address 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9398</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="112.00"/></p> <p>BANK SERVICE CHARGE</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="231.76"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Guardian Guardian</p> <p>Mailing Address Boston Group Office 1 Liberty Square</p> <p>City Boston State MA Zip Code 02109-</p> <p>Purpose of Disbursement Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9283 Date of Disbursement 11 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 649.67</p> <p>INSURANCE</p>
<p>B. Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal</p> <p>Mailing Address 1200 Crown Colony Dr.</p> <p>City Quincy State MA Zip Code 02169-</p> <p>Purpose of Disbursement Health Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9354 Date of Disbursement 10 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 5301.23</p> <p>HEALTH INSURANCE</p>
<p>C. Full Name (Last, First, Middle Initial) Lyndsay Jones</p> <p>Mailing Address 16 Oval Road</p> <p>City Quincy State MA Zip Code 02170-</p> <p>Purpose of Disbursement Reimbursement for parking travel food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9329 Date of Disbursement 10 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 67.32</p> <p>REIMBURSEMENT FOR PARKING TRAVEL FOOD</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6018.22

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Lyndsay Jones

Transaction ID: 61205.E9355
Date of Disbursement

Mailing Address 16 Oval Road

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

City Quincy State MA Zip Code 02170-

Amount of Each Disbursement this Period

77.84

Purpose of Disbursement
Reimbursement for parking travel food

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

REIMBURSEMENT FOR PARKING TRAVEL FOOD

State: District:

B.

Full Name (Last, First, Middle Initial)
Lyndsay Jones

Transaction ID: 61205.E9391
Date of Disbursement

Mailing Address 16 Oval Road

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

City Quincy State MA Zip Code 02170-

Amount of Each Disbursement this Period

77.32

Purpose of Disbursement
Reimbursement for parking travel food

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

REIMBURSEMENT FOR PARKING TRAVEL FOOD

State: District:

C.

Full Name (Last, First, Middle Initial)
Lyndsay Jones

Transaction ID: 61205.E9434
Date of Disbursement

Mailing Address 16 Oval Road

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

City Quincy State MA Zip Code 02170-

Amount of Each Disbursement this Period

60.00

Purpose of Disbursement
Reimbursement for parking travel food

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

REIMBURSEMENT FOR PARKING TRAVEL FOOD

State: District:

SUBTOTAL of Disbursements This Page (optional)

215.16

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Samantha Levine	Transaction ID: 61205.E9326 Date of Disbursement 10 / 23 / 2006
	Mailing Address 15 Oak St.	Amount of Each Disbursement this Period 264.92
	City Chestnut Hill State MA Zip Code 02467-	
	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

B.	Full Name (Last, First, Middle Initial) Garage Government Center	Transaction ID: 61205.E9328 Date of Disbursement 10 / 23 / 2006
	Mailing Address 50 New Sudbury Street	Amount of Each Disbursement this Period 205.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement S.Levine Reimbursement for parking 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: S.LEVINE REIMBURSEMENT FOR PARKING

C.	Full Name (Last, First, Middle Initial) Samantha Levine	Transaction ID: 61205.E9356 Date of Disbursement 10 / 30 / 2006
	Mailing Address 15 Oak St.	Amount of Each Disbursement this Period 61.00
	City Chestnut Hill State MA Zip Code 02467-	
	Purpose of Disbursement Reimbursement for travell Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR TRAVELL

SUBTOTAL of Disbursements This Page (optional)	▶	325.92
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Samantha Levine	Transaction ID: 61205.E9374 Date of Disbursement 11 / 02 / 2006
	Mailing Address 15 Oak St.	Amount of Each Disbursement this Period 131.92
	City Chestnut Hill State MA Zip Code 02467-	
	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

B.	Full Name (Last, First, Middle Initial) Garage Government Center	Transaction ID: 61205.E9375 Date of Disbursement 11 / 02 / 2006
	Mailing Address 50 New Sudbury Street	Amount of Each Disbursement this Period 57.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement S.Levine Reimbursement for parking 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: S.LEVINE REIMBURSEMENT FOR PARKING

C.	Full Name (Last, First, Middle Initial) Samantha Levine	Transaction ID: 61205.E9435 Date of Disbursement 11 / 09 / 2006
	Mailing Address 15 Oak St.	Amount of Each Disbursement this Period 133.98
	City Chestnut Hill State MA Zip Code 02467-	
	Purpose of Disbursement Reimbursement for parking travel food Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PARKING TRAVEL FOOD

SUBTOTAL of Disbursements This Page (optional)	▶	265.90
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Samantha Levine</p> <p>Mailing Address 15 Oak St.</p> <p>City Chestnut Hill State MA Zip Code 02467-</p> <p>Purpose of Disbursement Reimbursement: See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9448 Date of Disbursement 11 / 16 / 2006</p> <p>Amount of Each Disbursement this Period 230.50</p> <p>REIMBURSEMENT: SEE BELOW</p>
<p>B. Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9394 Date of Disbursement 11 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 125.43</p> <p>CREDIT CARD FEE</p>
<p>C. Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9396 Date of Disbursement 11 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 22.61</p> <p>CREDIT CARD FEE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

378.54

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)

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

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

A.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 70102.E9466 Date of Disbursement 11 / 01 / 2006
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 25.00
	City Boston State MA Zip Code 02110-	
	Purpose of Disbursement Credit Card Fee	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) ▼
		CREDIT CARD FEE

B.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 61205.E9395 Date of Disbursement 11 / 01 / 2006
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 25.75
	City Boston State MA Zip Code 02110-	
	Purpose of Disbursement Credit Card Fee	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) ▼
		CREDIT CARD FEE

C.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 70102.E9465 Date of Disbursement 11 / 01 / 2006
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 1079.72
	City Boston State MA Zip Code 02110-	
	Purpose of Disbursement Credit card Debit	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) ▼
		CREDIT CARD DEBIT

SUBTOTAL of Disbursements This Page (optional)	▶	1130.47
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 70102.E9467 Date of Disbursement 11 / 09 / 2006
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 50.00
	City Boston State MA Zip Code 02110-	
	Purpose of Disbursement Credit Card Fee	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) ▼
		CREDIT CARD FEE

B.	Full Name (Last, First, Middle Initial) mindShift Technologies, Inc.	Transaction ID: 61205.E9337 Date of Disbursement 10 / 19 / 2006
	Mailing Address PO Box 200105	Amount of Each Disbursement this Period 2529.35
	City Pittsburgh State PA Zip Code 15251-	
	Purpose of Disbursement Computer Network Services	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) ▼
		COMPUTER NETWORK SERVICES

C.	Full Name (Last, First, Middle Initial) Ox-Eye Properties	Transaction ID: 61205.E9445 Date of Disbursement 11 / 16 / 2006
	Mailing Address c/o Massey & Co. 85 Merrimac Street	Amount of Each Disbursement this Period 5523.67
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement Rent	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) ▼
		RENT

SUBTOTAL of Disbursements This Page (optional)	8103.02
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 61019.E9249 Date of Disbursement 10 / 19 / 2006
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 7949.38
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll-Taxes	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL-TAXES

B.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 61019.E9250 Date of Disbursement 10 / 19 / 2006
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 673.07
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll-401 K	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL-401 K

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 61205.E9397 Date of Disbursement 11 / 01 / 2006
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 1215.39
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll Taxes - Quarterly	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES - QUARTERLY

SUBTOTAL of Disbursements This Page (optional)	▶	9837.84
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)

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

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

A. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 61205.E9384 Date of Disbursement 11 / 01 / 2006
	Amount of Each Disbursement this Period 160.00
	Category/ Type PAYROLL SERVICE CHARGE
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll-Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 7953.46	Category/ Type PAYROLL-TAXES

B. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll - Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 61205.E9297 Date of Disbursement 11 / 02 / 2006
	Amount of Each Disbursement this Period 673.07
	Category/ Type PAYROLL - 401 K
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll - 401 K Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 7953.46	Category/ Type PAYROLL-TAXES

C. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll - 401 K Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 61205.E9297 Date of Disbursement 11 / 02 / 2006
	Amount of Each Disbursement this Period 673.07
	Category/ Type PAYROLL - 401 K
	Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll - 401 K Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 673.07	Category/ Type PAYROLL - 401 K

SUBTOTAL of Disbursements This Page (optional) ▶	8786.53
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 61205.E9282 Date of Disbursement 11 / 10 / 2006
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 92.86
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll 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) ▼
		PAYROLL SERVICE

B.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 61205.E9412 Date of Disbursement 11 / 16 / 2006
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 7953.46
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll-Taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL-TAXES

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 61205.E9413 Date of Disbursement 11 / 16 / 2006
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 673.07
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll-401 K	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL-401 K

SUBTOTAL of Disbursements This Page (optional)	8719.39
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement Bottle Water Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 61205.E9336 Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 68.07 BOTTLE WATER
B.	Full Name (Last, First, Middle Initial) Jinara Reyes Mailing Address 66 Greenleaf St. Apt. # 33 City Quincy State MA Zip Code 02169- Purpose of Disbursement Reimbursement for parking travel food Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 61205.E9330 Date of Disbursement 10 / 23 / 2006 Amount of Each Disbursement this Period 210.45 REIMBSEMENT FOR PARKING TRAVEL FOOD
C.	Full Name (Last, First, Middle Initial) Ruth Rice Mailing Address 30 Fernview Apt 1 City North Andover State MA Zip Code 01845- Purpose of Disbursement Reimbursement for parking Candidate Name Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 61205.E9439 Date of Disbursement 11 / 07 / 2006 Amount of Each Disbursement this Period 32.00 REIMBURSEMENT FOR PARKING

SUBTOTAL of Disbursements This Page (optional) ▶	310.52
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Steven Roche	Transaction ID: 61205.E9376 Date of Disbursement 11 / 02 / 2006
	Mailing Address 4 Leblanc Dr	Amount of Each Disbursement this Period 586.35
	City Danvers State MA Zip Code 01923-	
	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

B.	Full Name (Last, First, Middle Initial) Laz Parking Ltd.	Transaction ID: 61205.E9377 Date of Disbursement 11 / 02 / 2006
	Mailing Address 101 Merrimac Street	Amount of Each Disbursement this Period 375.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement S.Roche Reimbursement for parking 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: S. ROCHE REIMBURSEMENT FOR PARKING

C.	Full Name (Last, First, Middle Initial) Sprint/Nextel	Transaction ID: 61205.E9378 Date of Disbursement 11 / 02 / 2006
	Mailing Address PO Box 17990	Amount of Each Disbursement this Period 134.65
	City Denver State CO Zip Code 80217-	
	Purpose of Disbursement S.Roche reimbursement for Cell phone calls 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: S. ROCHE REIMBURSEMENT FOR CELL PHONE CALLS

SUBTOTAL of Disbursements This Page (optional)	586.35
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mark Rowe	Transaction ID: 61205.E9368 Date of Disbursement 11 / 02 / 2006
	Mailing Address 216 W. Plain St.	Amount of Each Disbursement this Period 1983.89
	City Wayland State MA Zip Code 01778-	
	Purpose of Disbursement Rembursement: 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) ▼
		REMBURSEMENT: SEE BELOW

B.	Full Name (Last, First, Middle Initial) Boston Beer Work	Transaction ID: 61205.E9372 Date of Disbursement 11 / 02 / 2006
	Mailing Address 112 Canal St.	Amount of Each Disbursement this Period 170.19
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement M.Rowe reimbursement for food 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 REIMBURSEMENT FOR FOOD

C.	Full Name (Last, First, Middle Initial) Seafood Legal	Transaction ID: 61205.E9371 Date of Disbursement 11 / 02 / 2006
	Mailing Address 255 State St.	Amount of Each Disbursement this Period 962.48
	City Boston State MA Zip Code 02108-	
	Purpose of Disbursement M.Rowe reimbursement for food 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 REIMBURSEMENT FOR FOOD

SUBTOTAL of Disbursements This Page (optional)	▶	1983.89
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Verizon Verizon Wireless Mailing Address PO Box 5029 City Wallingford State CT Zip Code 06492- Purpose of Disbursement M.Rowe Reimbursement for cell phone calls Candidate Name	Transaction ID: 61205.E9369 Date of Disbursement 11 / 02 / 2006
	Amount of Each Disbursement this Period 173.16 [MEMO ITEM] MEMO: M. ROWE REIMBURSEMENT FOR CELL PHONE CALLS
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) ▼	Category/Type

B. Full Name (Last, First, Middle Initial) Priscilla Ruzzo Mailing Address 85 Overlook Road City Boston State MA Zip Code 02132- Purpose of Disbursement Reimbursement for parking travel food Candidate Name	Transaction ID: 61205.E9381 Date of Disbursement 11 / 02 / 2006
	Amount of Each Disbursement this Period 197.31 REIMBURSEMENT FOR PARKING TRAVEL FOOD
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) ▼	Category/Type

C. Full Name (Last, First, Middle Initial) Ensieh Sarrami Mailing Address 9214 Inglewood Dr. City Potomac State MD Zip Code 20854- Purpose of Disbursement Reimbursement : See Below Candidate Name	Transaction ID: 61205.E9344 Date of Disbursement 10 / 26 / 2006
	Amount of Each Disbursement this Period 460.00 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	657.31
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)

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

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

A.	Full Name (Last, First, Middle Initial) Ensieh Sarrami	Transaction ID: 61205.E9345 Date of Disbursement 10 / 26 / 2006
	Mailing Address 9214 Inglewood Dr.	Amount of Each Disbursement this Period 460.00
	City Potomac State MD Zip Code 20854-	
	Purpose of Disbursement E.Sarramis Reimbursement for personal car usage	
	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: E.SARRAMIS REIMBURSEMENT FOR PERSONAL CAR USAGE

B.	Full Name (Last, First, Middle Initial) Ensieh Sarrami	Transaction ID: 61205.E9388 Date of Disbursement 11 / 06 / 2006
	Mailing Address 9214 Inglewood Dr.	Amount of Each Disbursement this Period 154.40
	City Potomac State MD Zip Code 20854-	
	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

C.	Full Name (Last, First, Middle Initial) Ensieh Sarrami	Transaction ID: 61205.E9389 Date of Disbursement 11 / 06 / 2006
	Mailing Address 9214 Inglewood Dr.	Amount of Each Disbursement this Period 154.40
	City Potomac State MD Zip Code 20854-	
	Purpose of Disbursement E.Sarramis reimbursement for Personal car usage	
	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: E.SARRAMIS REIMBURSEMENT FOR PERSONAL CAR USAGE

SUBTOTAL of Disbursements This Page (optional)	154.40
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

A.	Full Name (Last, First, Middle Initial) Ensieh Sarrami	Transaction ID: 61205.E9442 Date of Disbursement 11 / 16 / 2006
	Mailing Address 9214 Inglewood Dr.	Amount of Each Disbursement this Period 213.60
	City Potomac State MD Zip Code 20854-	
	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) ▼
		REIMBURSEMENT : SEE BELOW

B.	Full Name (Last, First, Middle Initial) Ensieh Sarrami	Transaction ID: 61205.E9443 Date of Disbursement 11 / 16 / 2006
	Mailing Address 9214 Inglewood Dr.	Amount of Each Disbursement this Period 213.60
	City Potomac State MD Zip Code 20854-	
	Purpose of Disbursement E.Sarrami reimbursement for personal car use mileage	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) ▼
		[MEMO ITEM] MEMO: E.SARRAMI REIMBURSEMENT FOR PERSONAL CAR USE MILEAGE

C.	Full Name (Last, First, Middle Initial) Sheraton Boston	Transaction ID: 61205.E9366 Date of Disbursement 11 / 01 / 2006
	Mailing Address 39 Dalton St.	Amount of Each Disbursement this Period 3300.00
	City Boston State MA Zip Code 02199-	
	Purpose of Disbursement Event Catering & Room Rental	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EVENT CATERING & ROOM RENTAL

SUBTOTAL of Disbursements This Page (optional)	3513.60
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 61205.E9350 Date of Disbursement 10 / 26 / 2006
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 952.60
	City Des Moines State IA Zip Code 50368-9020	
	Purpose of Disbursement 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) ▼
		OFFICE SUPPLIES

B.	Full Name (Last, First, Middle Initial) Matthew Talancy	Transaction ID: 61205.E9323 Date of Disbursement 10 / 23 / 2006
	Mailing Address 445 Malden St.	Amount of Each Disbursement this Period 178.90
	City Holden State MA Zip Code 01520-	
	Purpose of Disbursement Reimbursement for personal car use mileage	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PERSONAL CAR USE MILEAGE

C.	Full Name (Last, First, Middle Initial) Matthew Talancy	Transaction ID: 61205.E9379 Date of Disbursement 11 / 02 / 2006
	Mailing Address 445 Malden St.	Amount of Each Disbursement this Period 564.78
	City Holden State MA Zip Code 01520-	
	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) ▼
		REIMBURSEMENT : SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

1696.28

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Matthew Talancy</p> <p>Mailing Address 445 Malden St.</p> <p>City Holden State MA Zip Code 01520-</p> <p>Purpose of Disbursement M.Talancy reimbursement for personal car usage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9380</p> <p>Date of Disbursement 11 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 516.00</p> <p>[MEMO ITEM] MEMO: M.TALANCY REIMBURSEMENT FOR PERSONAL CAR USAGE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Matthew Talancy</p> <p>Mailing Address 445 Malden St.</p> <p>City Holden State MA Zip Code 01520-</p> <p>Purpose of Disbursement Reimbursement : See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9436</p> <p>Date of Disbursement 11 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 384.80</p> <p>REIMBURSEMENT : SEE BELOW</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Matthew Talancy</p> <p>Mailing Address 445 Malden St.</p> <p>City Holden State MA Zip Code 01520-</p> <p>Purpose of Disbursement M.Talancy reimbursement for personal car use mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9437</p> <p>Date of Disbursement 11 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 379.60</p> <p>[MEMO ITEM] MEMO: M.TALANCY REIMBURSEMENT FOR PERSONAL CAR USE MILEAGE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

384.80

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Matthew Talancy	Transaction ID: 61205.E9438 Date of Disbursement 11 / 20 / 2006
	Mailing Address 445 Malden St.	Amount of Each Disbursement this Period 50.00
	City Holden State MA Zip Code 01520-	
	Purpose of Disbursement Reimbursement for parking travel food Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PARKING TRAVEL FOOD

B.	Full Name (Last, First, Middle Initial) USground USground	Transaction ID: 61205.E9332 Date of Disbursement 10 / 19 / 2006
	Mailing Address PO Box 130349	Amount of Each Disbursement this Period 47.63
	City Boston State MA Zip Code 02113-	
	Purpose of Disbursement Courier 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) ▼
		COURIER

C.	Full Name (Last, First, Middle Initial) USground USground	Transaction ID: 61205.E9352 Date of Disbursement 10 / 26 / 2006
	Mailing Address PO Box 130349	Amount of Each Disbursement this Period 6.90
	City Boston State MA Zip Code 02113-	
	Purpose of Disbursement Courier 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) ▼
		COURIER

SUBTOTAL of Disbursements This Page (optional)	▶	104.53
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City Reading State MA Zip Code 01867-

Purpose of Disbursement
Reimbursement for travel and food

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61205.E9348

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

106.00

REIMBURSEMENT FOR TRAVEL AND FOOD

SUBTOTAL of Disbursements This Page (optional)

106.00

TOTAL This Period (last page this line number only)

88016.54

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mass Republican State Committee	Transaction ID: 61205.E9280 Date of Disbursement
	Mailing Address 85 Merrimac Street Suite 400	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period
	Purpose of Disbursement R.Goldbaum transfer excess contrib from fed to non fed	<input type="text" value="2500.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mass Republican State Committee	Transaction ID: 61205.E9281 Date of Disbursement
	Mailing Address 85 Merrimac Street Suite 400	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
	City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period
	Purpose of Disbursement k.kumph trans. excess contrib from fed to non fed account	<input type="text" value="5000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="7500.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Brandon Barber</p> <p>Mailing Address 106 Kendall Pond Rd.</p> <p>City Windham State NH Zip Code 03087-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61019.E9236</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1018.36"/></p> <p>PAYROLL</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brandon Barber</p> <p>Mailing Address 106 Kendall Pond Rd.</p> <p>City Windham State NH Zip Code 03087-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9284</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1018.36"/></p> <p>PAYROLL</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Brandon Barber</p> <p>Mailing Address 106 Kendall Pond Rd.</p> <p>City Windham State NH Zip Code 03087-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9400</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1018.36"/></p> <p>PAYROLL</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3055.08"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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)

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

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

A.	Full Name (Last, First, Middle Initial) Brian Dodge <hr/> Mailing Address 10 Parker Road <hr/> City Groveland State MA Zip Code 01834- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 61019.E9237 Date of Disbursement 10 / 19 / 2006 <hr/> Amount of Each Disbursement this Period 2020.75 <hr/> PAYROLL
B.	Full Name (Last, First, Middle Initial) Brian Dodge <hr/> Mailing Address 10 Parker Road <hr/> City Groveland State MA Zip Code 01834- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 61205.E9285 Date of Disbursement 11 / 02 / 2006 <hr/> Amount of Each Disbursement this Period 2020.75 <hr/> PAYROLL
C.	Full Name (Last, First, Middle Initial) Brian Dodge <hr/> Mailing Address 10 Parker Road <hr/> City Groveland State MA Zip Code 01834- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 61205.E9401 Date of Disbursement 11 / 16 / 2006 <hr/> Amount of Each Disbursement this Period 2020.75 <hr/> PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	6062.25
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)

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

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

A.	Full Name (Last, First, Middle Initial) Bruce Harrison	Transaction ID: 61205.E9450 Date of Disbursement 11 / 20 / 2006
	Mailing Address 101 Elm St	Amount of Each Disbursement this Period 1000.00
	City Wakefield State MA Zip Code 01880-	
	Purpose of Disbursement Payroll - Administrative Support Service	Category/ Type PAYROLL - ADMINISTRATIVE SUPPORT SERVICE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 61019.E9238 Date of Disbursement 10 / 19 / 2006
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 969.61
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Payroll	Category/ Type 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) ▼

C.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 61205.E9286 Date of Disbursement 11 / 02 / 2006
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 969.61
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Payroll	Category/ Type 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)	2939.22
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 61205.E9402 Date of Disbursement 11 / 16 / 2006
	Mailing Address 16 Oval Road	
	City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period 969.61
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Samantha Levine	Transaction ID: 61019.E9239 Date of Disbursement 10 / 19 / 2006
	Mailing Address 15 Oak St.	
	City Chestnut Hill State MA Zip Code 02467-	Amount of Each Disbursement this Period 891.73
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Samantha Levine	Transaction ID: 61205.E9287 Date of Disbursement 11 / 06 / 2006
	Mailing Address 15 Oak St.	
	City Chestnut Hill State MA Zip Code 02467-	Amount of Each Disbursement this Period 891.73
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2753.07
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Samantha Levine	Transaction ID: 61205.E9403 Date of Disbursement 11 / 16 / 2006
	Mailing Address 15 Oak St.	
	City Chestnut Hill State MA Zip Code 02467-	Amount of Each Disbursement this Period 891.73
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Reid Morrison	Transaction ID: 61205.E9335 Date of Disbursement 10 / 19 / 2006
	Mailing Address 180 Beacon St. Unit 18C	
	City Boston State MA Zip Code 02116-	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement Payroll - Administrative Support 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) ▼
		PAYROLL - ADMINISTRATIVE SUPPORT SERVICE

C.	Full Name (Last, First, Middle Initial) Reid Morrison	Transaction ID: 61205.E9347 Date of Disbursement 10 / 26 / 2006
	Mailing Address 180 Beacon St. Unit 18C	
	City Boston State MA Zip Code 02116-	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement Payroll - Administrative Support 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) ▼
		PAYROLL - ADMINISTRATIVE SUPPORT SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

1291.73

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Reid Morrison	Transaction ID: 61205.E9373 Date of Disbursement 11 / 02 / 2006
	Mailing Address 180 Beacon St. Unit 18C	Amount of Each Disbursement this Period 200.00
	City Boston State MA Zip Code 02116-	
	Purpose of Disbursement Payroll - Administrative Support Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL - ADMINISTRATIVE SUPPORT SERVICE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Reid Morrison	Transaction ID: 61205.E9390 Date of Disbursement 11 / 06 / 2006
	Mailing Address 180 Beacon St. Unit 18C	Amount of Each Disbursement this Period 200.00
	City Boston State MA Zip Code 02116-	
	Purpose of Disbursement Payroll - Administrative Support Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL - ADMINISTRATIVE SUPPORT SERVICE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Reid Morrison	Transaction ID: 61205.E9446 Date of Disbursement 11 / 16 / 2006
	Mailing Address 180 Beacon St. Unit 18C	Amount of Each Disbursement this Period 160.00
	City Boston State MA Zip Code 02116-	
	Purpose of Disbursement Payroll - Administrative Support Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL - ADMINISTRATIVE SUPPORT SERVICE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	560.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jinara Reyes</p> <p>Mailing Address 66 Greenleaf St. Apt. # 33</p> <p>City Quincy State MA Zip Code 02169-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61019.E9240</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1319.26"/></p> <p>PAYROLL</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jinara Reyes</p> <p>Mailing Address 66 Greenleaf St. Apt. # 33</p> <p>City Quincy State MA Zip Code 02169-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9288</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1319.26"/></p> <p>PAYROLL</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jinara Reyes</p> <p>Mailing Address 66 Greenleaf St. Apt. # 33</p> <p>City Quincy State MA Zip Code 02169-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9404</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1319.26"/></p> <p>PAYROLL</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3957.78"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ruth Rice	Transaction ID: 61019.E9242 Date of Disbursement 10 / 19 / 2006
	Mailing Address 30 Fernview Apt 1	
	City North Andover State MA Zip Code 01845-	Amount of Each Disbursement this Period 912.81
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Ruth Rice	Transaction ID: 61205.E9289 Date of Disbursement 11 / 02 / 2006
	Mailing Address 30 Fernview Apt 1	
	City North Andover State MA Zip Code 01845-	Amount of Each Disbursement this Period 912.81
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Ruth Rice	Transaction ID: 61205.E9405 Date of Disbursement 11 / 16 / 2006
	Mailing Address 30 Fernview Apt 1	
	City North Andover State MA Zip Code 01845-	Amount of Each Disbursement this Period 912.81
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	2738.43
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)

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

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

A.	Full Name (Last, First, Middle Initial) Steven Roche	Transaction ID: 61019.E9243 Date of Disbursement 10 / 19 / 2006
	Mailing Address 4 Leblanc Dr	Amount of Each Disbursement this Period 3033.54
	City Danvers State MA Zip Code 01923-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Steven Roche	Transaction ID: 61205.E9290 Date of Disbursement 11 / 02 / 2006
	Mailing Address 4 Leblanc Dr	Amount of Each Disbursement this Period 3033.54
	City Danvers State MA Zip Code 01923-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Steven Roche	Transaction ID: 61205.E9406 Date of Disbursement 11 / 16 / 2006
	Mailing Address 4 Leblanc Dr	Amount of Each Disbursement this Period 3033.54
	City Danvers State MA Zip Code 01923-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	▶	9100.62
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Mark Rowe</p> <p>Mailing Address 216 W. Plain St.</p> <p>City Wayland State MA Zip Code 01778-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61019.E9244</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1479.43"/></p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) Mark Rowe</p> <p>Mailing Address 216 W. Plain St.</p> <p>City Wayland State MA Zip Code 01778-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9291</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1479.43"/></p> <p>PAYROLL</p>
<p>C. Full Name (Last, First, Middle Initial) Mark Rowe</p> <p>Mailing Address 216 W. Plain St.</p> <p>City Wayland State MA Zip Code 01778-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 61205.E9407</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1479.43"/></p> <p>PAYROLL</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4438.29"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Priscilla Ruzzo	Transaction ID: 61019.E9245 Date of Disbursement 10 / 19 / 2006
	Mailing Address 85 Overlook Road	
	City Boston State MA Zip Code 02132-	Amount of Each Disbursement this Period 2145.71
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Priscilla Ruzzo	Transaction ID: 61205.E9292 Date of Disbursement 11 / 02 / 2006
	Mailing Address 85 Overlook Road	
	City Boston State MA Zip Code 02132-	Amount of Each Disbursement this Period 2145.71
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Priscilla Ruzzo	Transaction ID: 61205.E9408 Date of Disbursement 11 / 16 / 2006
	Mailing Address 85 Overlook Road	
	City Boston State MA Zip Code 02132-	Amount of Each Disbursement this Period 2145.71
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► **6437.13**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ensieh Sarrami	Transaction ID: 61019.E9246 Date of Disbursement 10 / 19 / 2006
	Mailing Address 9214 Inglewood Dr.	Amount of Each Disbursement this Period 967.03
	City Potomac State MD Zip Code 20854-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Ensieh Sarrami	Transaction ID: 61205.E9293 Date of Disbursement 11 / 02 / 2006
	Mailing Address 9214 Inglewood Dr.	Amount of Each Disbursement this Period 962.95
	City Potomac State MD Zip Code 20854-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Ensieh Sarrami	Transaction ID: 61205.E9409 Date of Disbursement 11 / 16 / 2006
	Mailing Address 9214 Inglewood Dr.	Amount of Each Disbursement this Period 962.95
	City Potomac State MD Zip Code 20854-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	2892.93
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Matthew Talancy	Transaction ID: 61019.E9247 Date of Disbursement 10 / 19 / 2006
	Mailing Address 445 Malden St.	
	City Holden State MA Zip Code 01520-	Amount of Each Disbursement this Period 939.31
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Matthew Talancy	Transaction ID: 61205.E9294 Date of Disbursement 11 / 02 / 2006
	Mailing Address 445 Malden St.	
	City Holden State MA Zip Code 01520-	Amount of Each Disbursement this Period 939.31
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Matthew Talancy	Transaction ID: 61205.E9410 Date of Disbursement 11 / 16 / 2006
	Mailing Address 445 Malden St.	
	City Holden State MA Zip Code 01520-	Amount of Each Disbursement this Period 939.31
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	▶	2817.93
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Robert Willington Mailing Address 12 Arlington Street City Reading State MA Zip Code 01867- 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: 61019.E9248 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	Amount of Each Disbursement this Period 1227.36 PAYROLL
B.	Full Name (Last, First, Middle Initial) Robert Willington Mailing Address 12 Arlington Street City Reading State MA Zip Code 01867- 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: 61205.E9295 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	Amount of Each Disbursement this Period 1227.36 PAYROLL
C.	Full Name (Last, First, Middle Initial) Robert Willington Mailing Address 12 Arlington Street City Reading State MA Zip Code 01867- 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: 61205.E9411 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	Amount of Each Disbursement this Period 1227.36 PAYROLL

SUBTOTAL of Disbursements This Page (optional)	3682.08
TOTAL This Period (last page this line number only)	52726.54

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 2091.72	Transaction ID: LS90508.E11232	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2091.72

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

Outstanding Balance Beginning This Period 80.72	Transaction ID: LS90508.E11230	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 80.72

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS90508.E11229	
Amount Incurred This Period 1063.91	Payment This Period 0.00	Outstanding Balance at Close of This Period 1063.91

1) SUBTOTALS This Period This Page (optional).....	3236.35
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 3277.00	Transaction ID: LS90508.E11228	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3277.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS90508.E11234	
Amount Incurred This Period 266.87	Payment This Period 0.00	Outstanding Balance at Close of This Period 266.87

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

Outstanding Balance Beginning This Period 1250.00	Transaction ID: LS90513.E11267	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

1) SUBTOTALS This Period This Page (optional).....	4793.87
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS90513.E11268	
Amount Incurred This Period 1250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS90513.E11279	
Amount Incurred This Period 100.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.80

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS90513.E11278	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

1) SUBTOTALS This Period This Page (optional).....	3850.80
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 79 / 79	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Communication, Inc. Majority			Nature of Debt (Purpose): Original Debt for FEA Get Out the Vote Mailing
Mailing Address 274 Marconi Blvd. Suite 260			
City	State	ZIP Code	
Columbus	OH	43215-	

Outstanding Balance Beginning This Period		Transaction ID: LS90508.E11226	
21000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	21000.00	

1) SUBTOTALS This Period This Page (optional).....	21000.00
2) TOTALS This Period (last page this line number only).....	32881.02
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	32881.02